



County of Fresno

DEPARTMENT OF AGRICULTURE

MELISSA CREGAN

AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

Non-Production Agricultural Use or Non-Agricultural Use Application for Operator Identification Number (OIN) or Restricted Materials Permit (RMP)

Definitions

Operator: A Person who owns the property and/or is legally entitled to possess or use the property through terms of a lease, rental contract, trust, or other management arrangement

Authorized Representative: A responsible person authorized to represent the operator of the property

New Renewal

GENERAL INFORMATION

Date	OIN/RMP Name	OIN/RMP Number	
Mailing Address	City	Zip Code	
Headquarters Address (physical address or location where records are kept)	City	Zip Code	
Primary Phone Number	Alternate Phone Number	Email	

RODENTICIDES

Have you purchased rodent bait within the last two years? Yes No

➤ If yes, where from? _____

NON-PRODUCTION AGRICULTURAL USE OR NON-AGRICULTURAL USE INFORMATION

Who physically applies your pesticides? (Check all that apply)

Operator Internal employees Farm Labor Contractor employees directed by operator Pest Control Business

List the types of respirators used by employees during pesticide activities (e.g. N-95, half-face, full-face, SCBA, etc.):

➤ _____

Name(s) of Pest Control Business(es) you use to apply pesticides:

➤ _____

Name(s) of pesticide dealer(s) you purchase products from:

➤ _____

CERTIFIED APPLICATOR

PAC QAL QAC

Certified Applicator Name	License Type(s)	License Number(s)	Expiration Date(s)
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APPLICANT INFORMATION

Operator or Authorized Representative (AR) Name	Operator or AR Title (e.g. Owner, Lessee, President, Farm Manager, etc.)
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Fresno County Department of Agriculture

INTERNAL USE ONLY	
LOA(s) received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A MSPURs verified in CalAgPermits: <input type="checkbox"/> Yes <input type="checkbox"/> No NOIs verified in CalAgPermits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Restricted Materials discussed: <input type="checkbox"/> Over phone <input type="checkbox"/> In Person <input type="checkbox"/> Over email <input type="checkbox"/> N/A Alternative Measures worksheet(s) received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Handouts given: <input type="checkbox"/> A-Series <input type="checkbox"/> N-Series <input type="checkbox"/> Handler Training	Notes: Inspector Name: _____