



County of Fresno

DEPARTMENT OF AGRICULTURE

MELISSA CREGAN

AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

Restricted Materials Permit (RMP) or Operator Identification Number (OIN) Application

Renewal New

Date: _____

Business/Farm Name: _____ RMP/OIN #: _____

Mailing Address: _____

Primary Phone #: _____ Cell Phone #: _____

Headquarters Address: _____

Agent/Operator Name: _____ Email: _____

The best way to reach me is by: Text Email Phone (Must have voicemail)

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

➤ If yes, where from? _____

Production Agriculture Use Information

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

➤ I do My employees A Pest Control Business (PCB) Farm Labor Contractor (FLC) employees directed by me

List the types of respirators used by employees during pesticide activities.

➤ _____

Name of PCB you use to apply pesticides: _____

➤ _____

Name of FLC you use: _____

➤ _____

Exact location your Application Specific Information display: _____

➤ _____

Name of pesticide dealer you use: _____

➤ _____

Do you need to submit annual notification of pesticides used near schools? Yes No

Authorized Agent(s) – Person(s) authorized, in writing, by the operator of the property to change/sign permit

Name: _____

Name: _____

Certified Applicator Name: _____

License Type(s): PAC QAL QAC

License Number(s): _____ Expiration Date(s): _____

Certified Applicator Phone Number: _____

| DEPARTMENT USE ONLY |
|---------------------------------------|
| <input type="checkbox"/> LOA received |
| <input type="checkbox"/> LOA received |
| <input type="checkbox"/> LOA received |

DEPARTMENT USE ONLY

| | |
|--|---|
| LOA(s) received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A New property ownership/lease verified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Alternative Measures worksheet received? <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 Handouts given: <input type="checkbox"/> A-Series <input type="checkbox"/> Handler Training <input type="checkbox"/> Fieldworker Training | Notes: Inspector Initials: _____ |
|--|---|