



County of Fresno  
DEPARTMENT OF AGRICULTURE  
MELISSA CREGAN  
AGRICULTURAL COMMISSIONER/  
SEALER OF WEIGHTS & MEASURES

**Production 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? \_\_\_\_\_

**PRODUCTION AGRICULTURAL USE INFORMATION**

Who physically applies 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, etc.):

➤ \_\_\_\_\_

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

➤ \_\_\_\_\_

Name(s) of Farm Labor Contractor(s) you use (for fieldwork OR pest control):

➤ \_\_\_\_\_

Exact location of your Application Specific Information display (not only address; add description if needed):

➤ \_\_\_\_\_

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

➤ \_\_\_\_\_

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

**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 New property ownership/lease(s) verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PURs/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"/> Handler Training <input type="checkbox"/> Fieldworker Training	Notes:          Inspector Name: _____