



## Letter of Authorization

### OPERATOR OF THE PROPERTY

Title 3, California Code of Regulations (3 CCR) Section 6000: “**Operator of the property**” means 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

3 CCR Section 6420(a): Permits for agricultural use of a restricted material shall be issued in the name of the operator of the property to be treated. The permittee or, when allowed by the commissioner, the permittee’s authorized representative or licensed pest control adviser, shall sign the permit. The authorized representative or licensed pest control adviser shall provide the commissioner with written documentation from the permittee to act on his/her behalf.

RMP: Restricted Materials Permit

OIN: Operator Identification Number

### Operator of the Property

Printed Name of the Operator of the Property

Title of the Operator (e.g. Owner, Lessee, President, CEO, etc.)

RMP Number/OIN

RMP Name/OIN Name/Business Name

Mailing Address

City

State

Zip Code

Primary Phone

Email

I am adding an Authorized Representative to my Restricted Materials Permit/Operator Identification Number: ☐ Yes ☐ No  
- If “No,” stop after including your signature and the date directly below this box.  
- If “Yes,” include your signature and the date directly below this box and have your Authorized Representative complete the **Authorized Representative** section of this form.

Signature of the Operator of the Property

Date

The Authorized Representative named below is authorized to represent me in obtaining a Restricted Materials Permit (RMP) or Operator Identification Number (OIN) for use in Fresno County. As the Operator of the Property, I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property and that I am responsible for compliance with all permit conditions. This authorization shall remain in effect until I revoke it in writing **or** until the authorized representative withdraws his/her authority in writing to the Agricultural Commissioner.

### Authorized Representative

I am the Property Operator’s: ☐ Relative: \_\_\_\_\_ ☐ Employee ☐ PCA ☐ Other: \_\_\_\_\_

Printed Name of the Authorized Representative

Signature of the Authorized Representative

Date

Primary Phone

Email

Rev. October 2023