



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

Verify by initialing each statement below that you have read and understand the following:

_____ 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.

_____ I understand that 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.

I am adding an Authorized Representative to my RMP/OIN. ☐ True ☐ False

- If you answered “**False**,” include your signature and the date directly below this box, then stop.
- If you answered “**True**,” indicate what your Authorized Representative is allowed to do on your behalf by initialing each action that applies below, then include your signature and the date directly below this box and have your Authorized Representative complete the **AUTHORIZED REPRESENTATIVE** section.

_____ Make changes to my OIN/RMP _____ Submit Pesticide Use Reports _____ Submit Notices of Intent

Signature of the Operator of the Property

Date

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