



COUNTY OF AMADOR
DEPARTMENT OF AGRICULTURE
PESTICIDE USE ENFORCEMENT

GROWER AUTHORIZED REPRESENTATIVE FORM

Name on Permit/ID Number _____ Permit/OIN# _____

Property Operator Name (*print*) _____ Title _____

Address _____

City, State, Zip _____ Phone _____

The authorized representative named below may represent me in obtaining a restricted material permit or operator identification number. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property and that this authorization will remain in effect until I revoke it in writing to the Agricultural Commissioner. The permit or operator identification number will be voided if the authorized representative who signed the permit is no longer employed by me.

Signature _____ Date _____

Authorized Representative's Name (*print*) _____

Address _____

City, State, Zip _____ Phone _____

____ Employee ____ Pest Control Adviser ____ Other, Please Specify _____

I understand that in the event of violation of pesticide laws or regulations I could be held liable either separately or together with the property operator.

Signature of Auth.Rep. _____ Date _____