



I, \_\_\_\_\_, designate \_\_\_\_\_  
**(Property Owner)** **(Print Name)**

as my authorized representative in obtaining my Restricted Materials permit/Operator Identification Number as defined in Section 6000 of the California Code of Regulations.

I further certify that I am the property owner of the property to be treated, as defined in Section 6000 of the California Code of Regulations.

Employee     PCA     PCO     Other \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
**(Property Owner's Signature)**

\_\_\_\_\_ Date \_\_\_\_\_  
**(Authorized Representative's Signature)**

\_\_\_\_\_  
**(Permittee's Name)**

\_\_\_\_\_  
**(Assessor Parcel Number(s)/address of property(s) where pesticides will be applied by Authorized Representative)**

**Authorized Representative's Contact Information:**

Office/Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_