|  |
| --- |
| **Contact information** |
| Organization/Agency |  |  |
| Contact Person |  |  |
| Mailing Address |  |  |
| City, State, Zip |  |  |
| Telephone Number |  |  |
| Email Address |  |  |
| Pesticide Applicator Name |  |  |
| Pesticide Applicator Certification Numbers |  |  |
|  |

| **Treatment area** |
| --- |
| General description of the agency’s jurisdiction, including all areas where treatment might be applied.

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| **Target species (please check box to confirm)** |
| --- |
|  |
|  |  | Project is intended to control invasive weed species with a rank of 30 or higher on the AKEPIC website; [http://accs.uaa.alaska.edu/invasive-species/non-native-plant-species-list](https://urldefense.proofpoint.com/v2/url?u=http-3A__accs.uaa.alaska.edu_invasive-2Dspecies_non-2Dnative-2Dplant-2Dspecies-2Dlist&d=DwMDaQ&c=teXCf5DW4bHgLDM-H5_GmQ&r=x3gsEUZn4Y1jMdpcdiAaoIzNYA_lL_E6JmFL9GR9GrY&m=iOtHUnWr7ETOdpCyQ4vTxAuW3RuMv0Fyg4v8XuvTWYA&s=y_TphcUMGFigxhJkD929ZL9T0mmUdmn-hN7aVAY3kj0&e=) |
|  |  |  |

| **Project management (please check box to confirm)** |
| --- |
|  |
|  | Project is overseen or managed by: |
|  |  | A state agency (including Soil and Water Conservation Districts by definition) |
|  |  |  |

| **Treatment site characteristics (please check box to confirm)** |
| --- |
|  |
|  |  | Pesticides will be applied only to dry land that is a minimum of 20 feet from the edge of any surface water (except for wiper applications, which may be done up to water’s edge). |
|  |  |

| **Endangered species (please check box to confirm)** |
| --- |
|  |
|  |  | Treatment site has not been identified as habitat for threatened or endangered species referenced in 50 CFR 17.11-17.12. |
|  |  |  |

|  |
| --- |
| **Pesticide products (Check all that may be applied)** |
| **✓** | **Product Name** | **EPA Registration Number** |
|  | AquaMaster | 524-343 |
|  | Milestone | 62719-519 |
|  | Purestand Selective Herbicide | 71368-38 |
|  | Shredder 2,4-D LV6 | 1381-250 |
|  | Shredder MCPE | 1381-98 |
|  | Telar XP | 432-1561 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I,** |  | certify under penalty of perjury, that all of the information |  |
|  | and exhibits in this application are true, accurate, and complete. |  |
|  |  |  |  | - |  | - |  |  |
|  | Applicant's Signature |  | Month |  | Day |  | Year |  |
|  |  |  |
|  | Applicant’s Title |  |

All applications must be signed by a duly authorized employee of the state, borough, or city agency.

SEND TO

The Alaska Department of Environmental Conservation

Pesticide Control Program
1700 E. Bogard Road, Building B Suite 103
Wasilla, Alaska 99654

**907-376-1870**

1-800-478-2577 (in-state)

Karin.Hendrickson@alaska.gov

http://dec.alaska.gov/eh/pest