

**SANTA BARBARA COUNTY  
AGRICULTURAL COMMISSIONER'S OFFICE**

**APPLICATION FOR RESTRICTED MATERIALS PERMIT**

Business Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ CA Zip \_\_\_\_\_ City \_\_\_\_\_ CA Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Private Applicator's Name: \_\_\_\_\_ PAC# \_\_\_\_\_

List other contact names: \_\_\_\_\_ Do ranch employees handle pesticides? YES NO (circle one)

1. Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_  
 3. \_\_\_\_\_ Phone: \_\_\_\_\_

SITE ID/RANCH NO:	RANCH DESCRIPTION/ ADDRESS LOCATION:	# ACRES	SECTION	TOWNSHIP	RANGE

Please attach a map showing each treatment site (ranch), identifying all known areas within 0.5 mile of each treatment site which could be adversely impacted by the use of pesticides. Include an authorized representative form if you are not the operator of the property.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**THIS AREA IS FOR OFFICE USE ONLY**

Your permit application has been denied for the reasons stated below. You have the right to appeal the Commissioner's decision to deny your request. Additional information regarding your rights and the appeal process are described on the back of this page.

Reason for denial: \_\_\_\_\_

Reviewer's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

