OUT-OF-CYCLE PESTICIDE(S) USE REQUEST

Installation _____ **Requestor Name** _____

IMA Region _____ **Requestor E-mail** _____

FIRST PESTICIDE:

Pesticide Trade Name _____ **EPA Registration Number** _____

Target Pest(s) _____ **Site(s)** _____

Signal Word _____

Resticted Use? Yes / No

State Registered? Yes / No

Optional hyperlink to label _____

SECOND PESTICIDE:

Pesticide Trade Name _____ **EPA Registration Number** _____

Target Pest(s) _____ **Site(s)** _____

Signal Word _____

Resticted Use? Yes / No

State Registered? Yes / No

Optional hyperlink to label _____

THIRD PESTICIDE:

Pesticide Trade Name _____ **EPA Registration Number** _____

Target Pest(s) _____ **Site(s)** _____

Signal Word _____

Resticted Use? Yes / No

State Registered? Yes / No

Optional hyperlink to label _____

Optional Comments _____

Print Form