

Permission to pick up Restricted Use Chemical under a Private or Commercial Applicator

I _____ (*Landowner/Lease Holder*) hereby grant permission to _____ to pick up and sign for restricted use pesticides under my Applicators License at the Sheridan County Weed & Pest Control District office in Sheridan, WY.

Applicators License # _____ Expiration Date: _____ Categories: _____, _____, _____, _____.

Signature: _____

Address: _____ Phone number: _____

Address of non-certified person: _____
(Filled out by Weed & Pest Employee) _____

ID of non-certified person: _____
(Be filled out by Weed & Pest Employee)