

## APPLICATION FOR WASTE PESTICIDE DISPOSAL

<b>Applicator Name:</b>	<b>Telephone:</b> Best time to reach me: _____ <b>(Home)</b> <b>(Cell)</b>
<b>Applicator License Number:</b>	<b>E-mail Address:</b>
<b>Mailing Address:</b>	<b>County:</b> (Where waste is located if different than address listed)
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	
<b>Participant Classification (circle one)</b>	
<b>A. Orchard</b> <b>B. Row Crops</b> <b>C. Home Use</b>	

Trade Name	Common Name	*Form & Container Size	Item needs repackaged	Amount of Solids (lbs)	Amount of Liquids (gallons)

\* Form = Formulation (if noted on the label, please indicate as follows)

DF = dry flowable

S = solution

EC = emulsifiable concentrate

F = flowable

WP = wettable powder

G = granules

L = liquid

