

**NOTICE OF INTENT
TO APPLY RESTRICTED MATERIALS
in
SHASTA COUNTY**

Please complete the following information and fax to Shasta County Agriculture
Commissioner's Office at least 24-hours prior to application.

Fax: 224-4951

Date Faxed

Date and Time of Intended Application

Grower's Name or Business Name the Permit is Issued To

Permit Number

Contact Person Name and Phone Number

Name of Applicator

Location/ Site Number	Crop	Acre Unit	Pests	Pesticide	Rate	Dilution/ Volume
SAMPLE: 45001X01	alfalfa	30	weeds	paraquat	2pt/ac	20gal.

Method: Ground Air Fumigation Other _____
(Check One)

If you have questions, please call the Shasta County Agriculture Commissioner's Office
at 224-4949. Office hours are 8am-5pm, Monday – Friday.