

Texas Department of Agriculture
Commissioner Sid Miller
Regulated Herbicide Spray Permit

| | |
|----------------------|---|
| TDA Use Only: | Type of Permit: <input type="checkbox"/> Individual <input type="checkbox"/> Blanket |
| Region: _____ | Permit Number: _____ |
| County(s): _____ | Date Issued: _____ |

Person applying for permit: _____
Name Phone

Address: _____
Street, Rt. or P.O. Box City State Zip

Responsible Licensee
or Certified Applicator: _____
Name License or Certificate No. Phone

Address: _____
Street, Rt. or P.O. Box City State Zip

Total acres to be treated: _____ Product Name: _____

Active ingredients: _____

EPA Registration No: _____ List type of spray equipment: _____

The following items pertain to individual spray permits only:

Intended date of application: _____

Exact location of land to be treated: _____

If using high volatile herbicides, list any susceptible crops in a four-mile radius from any point of the land to be sprayed: _____

*List the nearest susceptible crops in all directions from the target area and distances: _____

TDA Remarks: _____

The Herbicide Spray Permit expires when the acreage for which the permit was granted has been sprayed or 180 days after issuance, whichever comes first.

Applications records, including spray permits, must be kept for two years after the date of application.

*Susceptible crops may include field crops, orchards, nurseries, gardens, etc.

| |
|--|
| Return form to TDA Regional office at: |
|--|

Inspector's Signature: _____ Inspector No: _____ Date: _____