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TDA Q570A

TEXAS DEPARTMENT OF AGRICULTURE

Commissioner Sid Miller
P O Box 12847, Austin, Texas 78711 800-835-5832
For the hearing impaired: (800) 735-2988(voice) or (800) 735-2989(TDD/TT)
Internet address: http://www.texasagriculture.gov

DIRECT SUPERVISION AFFIDAVIT

1. This is an affidavit made by_____and _____ on _____
unlicensed applicator licensed applicator date

to satisfy the requirements under Section 76.105(c) of the Texas Agriculture Code to assure that any person working under a licensed applicator's direct supervision is knowledgeable of the requirements governing the use of the particular pesticides being used by that individual.

2. I,_____, hereby state that I have received training on and/or have read and understood the
unlicensed applicator (print name)

Texas Pesticide Law and Texas Pesticide Regulations. I understand the complete labeling information for the following pesticides and the uses listed:

Product Name	EPA Reg. #	Activity	Use (site/method)

_____ _____
Printed name of Unlicensed Applicator Signature of Unlicensed Applicator

3. I hereby state that the unlicensed applicator named above and acting under my direct supervision is knowledgeable of the label requirements and the laws and regulations governing the use of the pesticides listed above for the uses identified.

_____ _____
Printed name of Licensed Applicator Signature of Licensed Applicator

_____ _____( )_____
Address Telephone

☐ Commercial #_____ ☐ Noncommercial #_____ ☐ Private #_____

A copy of this form shall be provided to the nonlicensed person and the original shall be kept by the licensed applicator with application records for at least two years after the last date of direct supervision.