

APPROVAL FOR YELLOW AND RED CATEGORY PRODUCTS

Description of pest problem: _____

Justification for use: _____

Application Site or Area: _____

Name of Pesticide: _____

EPA Registration #: _____

Green Category pesticides may be used at the discretion of the licensee.

Use of **Yellow Category** pesticides requires written approval from the Certified Applicator prior to their use. **Yellow Category** approvals shall have duration of no longer than six (6) months or six (6) applications per site, whichever occurs first.

Use of **Red Category** pesticides requires written justification by the licensee to the IPM Coordinator and signed approval from the IPM Coordinator prior to application. **Red Category** approvals shall have a duration of no longer than three (3) months or three (3) applications per site, whichever is first.

Approval of Certified Applicator: _____ Date: _____
(**Yellow and Red Category** Products)

Approval of IPM Coordinator: _____ Date: _____
(**Red Category** Products)

- Forwarded to: IPM Coordinator **Yellow and Red Category** Products

Approvals shall be kept by the IPM Coordinator of the district for a minimum of two (2) years.