

Vermont Agency of Agriculture, Food & Markets

Application for Mosquito Larvicide Permit

PERMIT APPLICATION #

1. Applicant:		
Street Address:		
Town:	State:	Zip Code:
Telephone Number:		
Contact Person (if different from Applicant):		
2. Name of water body:		
County:		Town(s):
Is the water body wholly contained on applicant's property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Total acreage to be treated:	4. Requested Larvicide(s) (Name and EPA number):	5. Proposed dates of treatment:
6. Method of Application:		
7. Uses in water body: <input type="checkbox"/> Boating <input type="checkbox"/> Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Livestock, Watering <input type="checkbox"/> Other	8. Is the water used as a water supply? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of water supply: <input type="checkbox"/> Private <input type="checkbox"/> Public	
9. VT Applicator's Certificate Number:	10. Attach a sketch or appropriate map of the proposed treatment site(s):	
11. The Applicant agrees to and accepts the following statements: A. The sole responsibility for any damage that may result from inaccurate computations and/or improper application of the product falls on both the applicator and the applicant. B. The Applicant must apply the product in compliance with all label conditions. C. The Applicant must guarantee to hold the state harmless from all suits, claims or causes of action that arise from the use of the product.		
12. I certify that the information in this application is true and accurate.		
Applicant's Signature:		Date:

Submit Applications to: VAAFM
Larvicide Permits
116 State Street
Drawer 20
Montpelier, VT 05620-2901