

# AFFIDAVIT TO PROHIBIT INSECTICIDE APPLICATION

(Only for persons that may suffer medical harm from insecticide application) 2020 Japanese Beetle Eradication Project—Salt Lake County

This form is for owners or occupants residing within the boundaries of the Insect Emergency Infestation Area that may suffer medical harm from insecticide application. Per UCA § 4-35-107 (3)(a), persons properly completing this form and submitting it to the Utah Department of Agriculture and Food (UDAF) by **April 10<sup>th</sup>, 2020** may have their properties exempt from insecticide application and instead, will need to complete alternative, non-chemical measures, approved by the department, to abate the insect infestation. **Incomplete or unsigned forms will not be considered by UDAF.** 

## **SECTION I:**

To be completed by applicant

| Name of applicant:                |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Signature:                        |  |  |  |  |
| Address:                          |  |  |  |  |
| Best contact* (mail/phone/email): |  |  |  |  |

\*Contact information is necessary to receive instructions for non-chemical measures to control the infestation.

### **SECTION II:**

To be completed by physician or physician's assistant

I do solemnly swear that \_\_\_\_\_\_(name of patient) is in my medical care and it is my professional medical opinion that this person may suffer serious harm as a result of the Utah Department of Agriculture and Food's planned application of imidacloprid.

I further affirm, that I have read and understand the educational material provided at the internet website below which describe the effects of these chemicals on the human body.

National Pesticide Information Center (NPIC) Imidacloprid General Fact Sheet http://npic.orst.edu/factsheets/imidagen.html

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

| Signed on the | day of | ,       |        | , at   |
|---------------|--------|---------|--------|--|
| (Da           | te)    | (Month) | (Year) | (City or other location, and state or country) |

Printed name

Signature

Completed forms may be submitted by:

### 1) Email

Scan and send this form to UDAF-Insects@utah.gov

### 2) In Person

Utah Department of Agriculture and Food 350 North Redwood Road Salt Lake City, Utah 3) Mail
Please mail 2-3 business days prior to April 10th to ensure timely delivery
Utah Department of Agriculture and Food
Attention: Insect Program
P.O. Box 146500
Salt Lake City, Utah 84114-6500