



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

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UDAF-Pesticide@utah.gov

Owner Claiming Exemption from Qualifying Party Requirement — Acknowledgment Form

In order to claim an exemption from the 2 year licensing requirement as set forth in the Utah Pesticide Control Act 4-14-111 (7)(a-b), the owner must agree to and initial each of the following. Complete and sign at the bottom.

The word "pesticides" includes all types of pesticides, including herbicides and insecticides. _____ (Initial)

The company must maintain a valid UDAF Commercial Pesticide Business license. _____ (Initial)

In claiming this exemption, I can only spot treat. Spot treatment means the limited application of an herbicide to an area that is no more than 5% of the potential treatment area or 1/20th of an acre, whichever is smaller. _____ (Initial)

I can only use equipment that is designed to contain no more than 5 gallons of mixture. _____ (Initial)

I cannot apply any type of pesticides, other than herbicides, with a label signal word of "Caution" or "Warning". _____ (Initial)

If I or anyone working for my company is found applying any herbicide with a "Danger" or "Danger-Poison" label signal word, there will be a minimum \$500 fine. _____ (Initial)

If I or anyone working for my company is found applying any kind of pesticide other than an herbicide with a "Caution" or "Warning" label signal word, there will be a minimum \$500 fine. _____ (Initial)

As the owner, I understand that pesticide application is a regulated industry, subject to state and federal laws, and inspections. I understand that it is my responsibility to read and understand the Utah Pesticide Control Act and the Utah Pesticide Control Rule. _____ (Initial)

Any employee, including myself, must have a UDAF Commercial Applicator's license, with the appropriate categories, to apply any amount of pesticide commercially, even as part of another service. _____ (Initial)

As the owner, I understand that it is my responsibility to train and prepare each licensed applicator working for me to comply fully with the Utah pesticide statutes and rules, and the labels and labeling directions for each pesticide used. I will keep records of all such training. _____ (Initial)

I understand that it is my responsibility to ensure that the company is keeping records of each application made by each applicator. _____ (Initial)

I understand that applicators may renew their licenses by acquiring 24 Continuing Education Units (CEUs) during the time their licenses are valid or by re-taking the USU courses and exams. _____ (Initial)

I must notify UDAF (UDAF-pesticide@utah.gov) within 30 days of changes in employment of applicators or ownership of the company (business licenses are not transferable). _____ (Initial)

I, _____ the owner of _____ have read and agreed to the statements above. I further understand that I, my company and any employees applying pesticides must be licensed, must completely read and follow pesticide label directions and understand state and federal pesticides laws. If I need further guidance on pesticide laws, I will contact the pesticide inspector that covers my area (call 801-982-2300, option 2, or email UDAF-pesticide@utah.gov).

Signature

Print Name

Date