



# AFFIDAVIT TO PROHIBIT INSECTICIDE APPLICATION

(Only for persons that may suffer medical harm from insecticide application)

2021 Japanese Beetle Eradication Project

This form is for owners or occupants residing within the boundaries of the Plant Pest Emergency control 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 by **April 9th, 2021** 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*

<b>Name of applicant:</b>
<b>Signature:</b>
<b>Address:</b>
<b>Best contact* (phone/email):</b>

*\*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 chlorantraniliprole

I further affirm, that I have read and understand "Section 12—Toxicity" of the National Institute of Health's chlorantraniliprole chemical summary, which describe the effects of this chemical on humans and animals. The eblink to this document is below.

Pub Chem Chemical Summary

<https://pubchem.ncbi.nlm.nih.gov/compound/Chlorantraniliprole>

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

Signed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(Date) (Month) (Year) (City or other location, and state or country)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

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*Completed forms may be submitted by:*

### 1) Email

Scan and send this form to [UDAF-Insects@utah.gov](mailto:UDAF-Insects@utah.gov)

### 2) In Person

Utah Department of Agriculture and Food  
350 North Redwood Road  
Salt Lake City

### 3) Mail

*Please mail 2-3 business days prior to April 2nd to ensure timely delivery*

Utah Department of Agriculture and Food  
Attention: Insect Program  
P.O. Box 146500  
Salt Lake City, Utah 84114-6500