



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

4315 South 2700 West, TSOB South Bldg, Floor 2

Taylorsville, UT 84129

Website: ag.utah.gov/pesticides Phone: (801) 982-2300

Email: udaf-pesticide@utah.gov

Qualifying Party Exemption Form

In order to claim an exemption from the Qualifying Party (QP) requirements set forth in the Utah Pesticide Control Act 4-14-111 (7)(a-b), the Owner must initial each statement and sign this form.

____ (Initial) The word “pesticides” includes herbicides, insecticides, and all other pesticides.

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

____ (Initial) I understand my business can only provide spot treatment, which means the limited application of an herbicide to an area that is no more than 5% of the 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 can only apply herbicides with the label signal word of “Caution” or “Warning”.

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

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

____ (Initial) As the owner, I understand that pesticide application is a regulated industry and is 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 valid Utah Commercial Pesticide Applicator License to apply any amount of pesticide commercially as part of any service.

____ (Initial) As the owner, I understand that it is my responsibility to train and prepare each licensed applicator 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 pesticide training completed by our pesticide applicator employees

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

____ (Initial) I understand that pesticide applicators may renew their licenses by either acquiring 24 Continuing Education Units (CEUs) during the time their licenses are valid or by re-taking the Utah Pesticide Applicator Exams.

____ (Initial) I must notify UDAF (udaf-pesticide@utah.gov) within 30 days of changes in employment of any pesticide applicators or myself as the Owner.

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 Pesticide Program at udaf-pesticide@utah.gov).

_____ Business Owner Signature _____ Date

Return this form to the Utah Department of Agriculture and Food by email to udaf-pesticide@utah.gov.