

Orleans Letterhead

Pesticide Waiver Form

Submission

Original

Resubmission

Form Submitted by:

Signature:.....

Date submitted:.....

APPLICANT INFORMATION

Contact person:.....

Company:.....

Address:

Phone:Email:

PRODUCT FOR WHICH WAIVER IS REQUESTED:

Active Ingredient:.....

EPA Registration Number:.....

Brand Name:.....

Proposed Method of Application:

The pest(s) to be treated are:

Address of Proposed Application:

THE APPLICATION IS FOR (CHECK THAT APPLIES)

A one-time use

Multiple applications

A term up to one year

THE APPLICATION WILL BE PERFORMED BY (CHECK THAT APPLIES)

Licensed pesticide applicator

Other.....

Attach a sheet with your responses to the following:

1. How extensive is the infestation? If you have monitoring data, please describe or attach it.
2. Describe any physical damage to the site resulting from, or health hazard posed by, the infestation.
3. Describe the specific locations on the site where the pesticide would be applied.
4. How long has infestation been present?
5. What are the underlying causes of the infestation and what steps have been taken to address them?
6. What products or alternatives have already been tried and when were they tried?
7. Why were alternatives unsuccessful?
8. Describe the process by which alternatives were researched.
9. Describe alternatives that were considered and rejected, and why.
10. What steps will be taken to prevent future infestation and need for an additional waiver?

Before applying the restricted pesticide, applicators must request a waiver and receive approval from the Town. When applying a waiver, the applicant shall provide substantial proof that they have exhausted all reasonable alternatives to the use of restricted pesticides. In deciding waiver requests, the Town Manager shall balance the need for the use of restricted pesticides against the risks of such use. Restricted pesticide shall only be applied after a waiver is granted by the Town.