

Designation of Authorized Agent of Licensed Pesticide Applicator

I am a licensed pesticide applicator and can legally obtain and use restricted use pesticides. I hereby authorize the following person to pick-up or accept delivery of restricted use pesticides on my behalf:

Name of licensed applicator: _____

Signature of licensed applicator: _____

Date of Signature: _____

Pesticide Applicator License Number: _____

License type:

- Licensed by Colorado Department of Agriculture (CDA) as a Qualified Supervisor
 Licensed by CDA as a Private Applicator

other: _____

This authorization is in effect from the date of my signature as indicated above until:

(expiration date of this authorization) _____

AUTHORIZED AGENT:

Name: _____

Address: _____
