



**COLORADO DEPARTMENT OF AGRICULTURE**

**Division of Plant Industry**

305 Interlocken Parkway, Broomfield, Colorado, 80021

Tel: (303) 869-9050 Fax: (303) 466-2860 www.colorado.gov/ag/dpi

**Application for Registration of Pesticide-Sensitive Persons**

Please refer to page 3 for instructions on how to complete this application. Complete this application to apply for registration with CDA as a pesticide-sensitive person. You may amend it. Except for your medical information it is a matter of public record. Your name, address and phone number will be provided to commercial, limited commercial and public pesticide applicators so that they may attempt to notify you before making turf, ornamental or certain other pesticide applications on property abutting your residence.

**Print or Type**

Name \_\_\_\_\_

Physical address of permanent residence \_\_\_\_\_

Multi-unit complex name, if applicable \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate telephone \_\_\_\_\_

By signing, I hereby request to be placed on the pesticide-sensitive registry \_\_\_\_\_ (signature)

**Physician's Certification**

I am a physician licensed to practice medicine in the state of Colorado. I certify that the individual named above is my patient and should be placed on the pesticide-sensitive registry. This individual has a documented sensitivity to certain pesticides and should not be exposed to them because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of physician \_\_\_\_\_ Colorado medical license number \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

## Abutting Property List - Please Print

Multi-unit building residents: **do not** list abutting units or properties. All units in a building are considered abutting. Abutting common areas outside the building are covered. Neither need be listed to be covered. See below for notification details.

1. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Pesticide-Sensitive Registry (PSR) Application Information

Complete and submit the attached application to apply for registration as a pesticide-sensitive person.

- Multiple addresses: a separate application is required for each where you reside.
- Changes: notify us within 15 days of any change in the information provided on the application.
- Annual period: registration must be renewed every year before November 1 to remain on the PSR.
- Multi-unit building residents: **do not** list abutting units or properties. All units in a building are considered abutting. Abutting common areas outside the building are covered. Neither need be listed to be covered. See below for notification details.
- Single family home residents: **do** list abutting addresses, including those touching yours, or separated only by an alley. Properties separated by a road or street do not abut.
- Proof of medical justification by a Colorado-licensed MD physician is required and must be updated every two years. Non-MD documents will not meet this requirement.
- Notification placards will be sent to you upon acceptance of your application. These may be displayed or not as you see fit. They include your registration number and may be used only at your registered address. Use your registration number on all correspondence with CDA.
- Registry distribution: the PSR with your name, address and telephone number is distributed periodically during each year to licensed and registered pesticide applicators.
- Notification by applicators: a licensed commercial, registered limited commercial or public applicator (“the applicator”) must try to notify you at least 24 hours before any turf, ornamental, residential-commercial, wood-destroying organism or interior plant pesticide application to your residence or any abutting property or address.
- Notification of multi-unit building residents: the applicator must try to notify you prior to an application anywhere in your building. Turf and ornamental applicators applying to common areas outside your building must try to notify you prior to the application.
- Notification method and attempts to notify: notification may be by mail, phone or in person. An applicator unable to notify you at least 24 hours before the application must attempt to notify you immediately before the pesticide application. An applicator still unable to notify you must post on your door notice of the application and attempts to notify you.