



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS MATERIALS • BUREAU OF PESTICIDES MANAGEMENT

www.dec.state.ny.us

TITLE 6 NEW YORK CODE OF RULES AND REGULATIONS PART 327 AND 328
APPLICATION FOR A PERMIT TO USE PESTICIDES FOR THE CONTROL OF AN AQUATIC PEST

APPLICATION MUST BE SUBMITTED 45 DAYS BEFORE PROPOSED TREATMENT
REFER TO INSTRUCTION SHEET AND CHECKLIST FOR MORE INFORMATION

FOR DEPARTMENT USE ONLY	
Application Number	_____
Water Body Name	_____
Date Received	_____
Application Fee Receipt Number	_____
Type of Application	_____
New	___ Repeat ___ Previous # _____

- Check type of application: New _____ ; Repeat _____
If, repeat application , prior Permit Number _____
- Name of Applicant: _____
- Name and Title of Authorized Person signing the Application
(if Block # 2 is an organization): _____
- Applicant street address: _____
- Applicant mailing address : _____
- Telephone Number: (_____) _____
- Is the applicant a (check):Riparian Owner _____ ; Lessee _____ ; Association of Riparian Owners/Lesseees _____ ; NYS Department of Environmental Conversation representative _____ ; Other (specify) _____
- Name of Water body: _____ 9. Township of water body: _____ 10. County of water body: _____
- Purpose of treatment (Specific species to be controlled): _____
- Uses of water proposed for treatment (check): Swimming _____ ; Irrigation _____ ; Watering Livestock _____ ; Public Water Supply _____ ; Private Water Supply _____ ; Fishing _____ ; Other (specify) _____
- Total acreage of water body: _____ 14. Acres/Acre Feet to be treated: _____ 15. Number of areas in water body to be treated: _____
- Does the water body have an outlet?: Yes ___ No ___ (Note: the outlet location must be shown on the detailed map of the water body).
- If "yes" to question 16, can applicant control water level during and for the required period of time after treatment?: Yes ___ ; No ___
- If "yes" to question 17, how will water flow be held?(draw down study must be attached): _____
If "no" to question 17, give estimated flow during time of treatment in CFS _____ AND attach outflow study.
- If applicable: Number of streams proposed for treatment: _____ Miles of streams to be treated: _____
- Name and location of any public and private water supply intakes within the treatment area: _____

NOTE: All public and private water supply intakes must be located on the detailed map.
- Are there any regulated freshwater or tidal wetlands in the water body or streams?: Yes _____ ; No _____ ; Unknown _____
NOTE: If known, all regulated freshwater and tidal wetlands must be located on the detailed map.
- Are Fish Present? Yes _____ ; No _____ . Are they stocked by the State? Yes _____ ; No _____
- Pesticide Requested (Product Name): _____
- Active ingredient: _____ 25. % Active ingredient: _____

FOR DEPARTMENT USE ONLY : APPLICATION NUMBER: _____ DATE RECEIVED: _____

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26. EPA Registration Number: _____ 27. Application rate: _____
28. Total amount of product per application: _____
29. Proposed Date (s) of treatment (month/day/year): _____
30. Method of application: _____ 31. Type of application equipment: _____
32. If the proposed treatment involves an aircraft, indicate FAA Number(s): _____
33. Riparian owners/users in the vicinity of the treated area and along the outlet stream(s), who may be required to restrict their usage as a result of the treatment, must be notified of the treatment.
- Has proper notification been completed: Yes ____ ; Pending ____ . If yes, When? _____ ; How? _____
 If 21day comment period has expired: Approved of your plans ? Yes ____ ; No ____ . Agreed to restrictions? Yes ____ ; No ____
34. Are there or will there be other applications proposing to treat this water body or stream system this year?: Yes ____ ; No ____
 If "yes", indicate who will be making the treatments: _____ ; proposed date(s) of treatment: _____
 specify products proposed for use: _____
35. Name of pesticide Business/Agency performing application: _____
36. Address: _____ City: _____ State: _____ Zip Code: _____
37. Business/Agency Registration Number: _____
38. Name of Certified Applicator performing the application: _____
39. a. Certified Applicator Identification Number: _____ b. Certified Applicator Telephone Number: _____
40. Are any other aquatic pest management control practices being employed to control the target pest problem? Yes ____ ; No ____
 Please Describe (attach additional sheets if necessary): _____
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AFFIRMATION:

The applicant/applicator guarantees that he will employ the listed pesticides in conformance with all conditions of the permit and agrees to accept the following conditions as a prerequisite to the issuance of a permit: that the issuance of the permit is based on the accuracy of all statements presented by the applicant/applicator; that damage resulting from the inaccuracy of any computations, improper application of the pesticide, or legal responsibility for the representations made in obtaining approvals or releases, or the failure to obtain approvals or releases from the riparian owners/users likely to be affected is the sole responsibility of the applicant/applicator.

I hereby affirm under penalty of perjury that information on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

41. Signature of Individual Identified in Item 2 or 3 above: _____ Title: _____ Date: _____
42. Signature of Applicator: _____ Title: _____ Date: _____