

PARENT/GUARDIAN AND STAFF

PESTICIDE REGISTRATION FORM

My signature below indicates that I would like to be placed on the notice of pesticide application roster, and that I will receive a pesticide application notice by mail or hand-delivered no later than 48 hours prior to the application.

Signature of Parent/Guardian

Signature of Staff Member

Name

Address

City, State, Zip

Provide Parent/Guardian and Staff Member with copy.