

**BOARD OF PESTICIDES CONTROL
APPLICATION FOR VARIANCE PERMIT
(Pursuant to Chapter 29, Section 6 of the Board's Regulations)**

I. _____ (_____) _____
Name Telephone Number

Company Name

Address City State Zip

II. _____
Master Applicator (if applicable) License Number

Address City State Zip

III. **As part of your application, please send a revegetation plan and digital photos showing the target site and/or plants and the surrounding area, particularly showing proximity to wetlands and water bodies, to pesticides@maine.gov**

IV. Area(s) where pesticide will be applied:

V. Pesticide(s) to be applied:(Including EPA Registration Number)

VI. Purpose of pesticide application:

VII. Approximate dates of spray application:

VIII. Application Equipment:

IX. Standard(s) to be varied from:

X. Method to ensure equivalent protection:

XI. Revegetation Plan (attach separately if necessary)

Signed: _____ Date: _____

Return completed form to: **Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028**
OR E-mail to: pesticides@maine.gov