



Sacramento County Agricultural Commissioner

4137 Branch Center Rd Sacramento, CA 95827 916.875.6603 AGCOMMPUE@saccounty.net

Authorized Representative Form

I, _____, designate _____
(Property Operator) (Authorized Representative)

as my authorized representative responsible for making decisions regarding the general operation of my property to be treated and furthermore, has the authority to start, stop, and otherwise control the use of pesticides that require a permit or operator identification number.

The authorized representative is an: _____ employee
(check one) _____ licensed pest control adviser
_____ other (specify) _____

Permit Name _____ **Permit/OIN #** _____

Name of Property Operator _____

Signature of Property Operator _____

Address _____

Telephone () _____ Date _____

E-mail _____

Name of Authorized Representative _____

Signature of Authorized Representative _____

Address _____

Telephone () _____ Date _____

E-mail _____

This Authorized Representative Form, once signed and dated by both parties, is valid until terminated in writing and submitted to the Agricultural Commissioner's Office. If the authorized representative is the certified applicator for the restricted materials permit, and leaves the employ of the property operator, the permit becomes invalid.