



COMMISSIONER SID MILLER

Texas Department of Agriculture
Application for Section 18 Emergency Exemption

PR-204

SECTION A	¹ REQUESTOR INFORMATION			
	Requestor Name			
	² CONTACT PERSON			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> ___			
	³ MAILING ADDRESS			
	Address			
	City	State	Zip	County
⁴ CONTACT INFORMATION				
Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.	Fax (optional) () -	
E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B	¹ PRODUCT INFORMATION		
	Product Name	EPA Registration Number (if applicable) - -	
	Active Ingredient	Request Date / / month day year	
	List the sites to be treated		
	What are the target pests?		
² EXEMPTION TYPE (Check only one)			
<input type="checkbox"/> Specific	<input type="checkbox"/> Crisis	<input type="checkbox"/> Quarantine	<input type="checkbox"/> Public Health

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Requestor Name _____

¹ Conditions necessitating need for Section 18 exemption	
SECTION C	<hr/>