APPROVAL FOR YELLOW AND RED CATEGORY PRODUCTS

Description of pest problem: _______________________________________________________________  

Justification for use: ________________________________________________________________  

Application Site or Area: ____________________________________________________________  

Name of Pesticide: ________________________________________________________________  

EPA Registration #: ________________________________________________________________  

**Green Category** pesticides may be used at the discretion of the licensee.

Use of **Yellow Category** pesticides requires written approval from the Certified Applicator prior to their use. **Yellow Category** approvals shall have duration of no longer than six (6) months or six (6) applications per site, whichever occurs first.

Use of **Red Category** pesticides requires written justification by the licensee to the IPM Coordinator and signed approval from the IPM Coordinator prior to application. **Red Category** approvals shall have a duration of no longer than three (3) months or three (3) applications per site, whichever is first.

Approval of Certified Applicator: ______________________________________ Date: _____  
(***Yellow and Red Category** Products)

Approval of IPM Coordinator: ______________________________________ Date: _____  
(***Red Category** Products)

☐ Forwarded to: IPM Coordinator **Yellow and Red Category** Products

Approvals shall be kept by the IPM Coordinator of the district for a minimum of two (2) years.

4/9/2012