AGRICULTURE / WEIGHTS & MEASURES



Fred Crowder

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ON-LINE PESTICIDE USE REPORTING REQUEST FORM FOR <u>WWW.CALAGPERMITS.ORG</u>

Please fill in the following information to request your username and password for CalAgPermits. This form maybe returned to your district biologist, faxed to (650)367-0130, or emailed to smateoag@smcgov.org (subject line: CalAgPermits login request).

| Company Name: |
|--|
| First Name: |
| Last Name: |
| E-Mail Address: |
| Address: |
| City: |
| State/Zip: |
| Phone: |
| Company Type: |
| (Grower/PCO/Structural/Maintenance Gardener) |
| Permit /Operator ID No./License No.: |
| User Name: |
| (Company name if left blank) |