MATERIAL EXEMPTION REQUEST FOR PESTICIDE APPLICATION

Department:	IPM Coordinator:	Phone:
AIRPORT	Jeff McKee	967-7111
Pesticide Applicator's (company) Name:		Phone:
N/A		
Site Name:		Dates:
Runway Safety Areas		
Name of Product:		
Fumitoxin		

(*Attach the product label and MSDS to this form*)

Product exemption request is:

- [ ] One time exemption
- [x] Programmatic exemption

Product type:

- [ ] Herbicide
- [ ] Insecticide
- [ ] Fungicide
- [X] Other Rodenticide

Application:

- [ ] Ornamental
- [ ] Turf
- [ ] Golf
- [ ] Street Tree
- [ ] Park Tree
- [ ] Right of Way
- [ ] Vector Control
- [X] Vertebtrate Pest
- [ ] Other _____

Discussion (*Attach responses*)

Exemption Request [ ] **Approved** [ ] **Denied**

If denied, give the reason:

If approved, follow the attached best management practices:

Signatures: _____ Department IPM Coordinator _____ City IPM Coordinator