



**COUNTY OF LAKE**  
 Department of Agriculture  
 Department of Weights & Measures  
 883 Lakeport Blvd  
 Lakeport, CA 95453  
 P: (707) 263-0217

# GROWER AUTHORIZED REPRESENTATIVE FORM

Permit Name \_\_\_\_\_ Permit/OIN # \_\_\_\_\_

Property Owner/Operator Name (*print*) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

The authorized representative named below may represent me in obtaining a restricted material permit/operator identification number. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property and that this authorization will remain in effect until I revoke it in writing to the Agricultural Commissioner. If the authorized representative is the certified applicator for the permit, and leaves the permittee's employment, the permit becomes invalid.

This form may also be used to authorize the person named below to obtain an operator identification number.

Property Operator  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

This Section to be Completed by the Authorized Representative:

Authorized Representative's Name (*print*) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Employee    \_\_\_\_ Pest Control Adviser    \_\_\_\_ Other, Please Specify

I understand that in the event of violation of pesticide laws or regulations I could be held liable either separately or together with the property operator.

Signature of Auth.Rep. \_\_\_\_\_ Date \_\_\_\_\_