



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
DIVISION OF AGRICULTURE & RESOURCE MARKETING  
PESTICIDES SECTION  
235 PROMENADE STREET, ROOM 370  
PROVIDENCE, RI 02908  
401-222-2781

## REQUEST FOR APPROVAL TO AERIALY APPLY PESTICIDES TO CONTROL INSECT PESTS

*Pursuant to provision of Chapter 23-25 The Rhode Island Pesticide Control Law of the General Laws of Rhode Island; its required Rules and Regulations Pertaining to Pesticides and the RIPDES Pesticide General Permit (PGP)*

**RULE 19—No application of pesticides by means of aircraft shall be made within the state without prior approval of the director or their designated representative.**

**ALL AERIAL APPLICATIONS MUST BE IN COMPLIANCE WITH THE FEDERAL AVIATION AGENCY (FAA) AND APPLICABLE FEDERAL AND STATE LAWS.**

**NO APPLICATION OF ANY CHEMICAL CAN BE MADE PRIOR TO THE DATE OF APPROVAL OF THE PERMIT AND A COPY OF THE APPROVED PERMIT MUST BE IN THE PHYSICAL POSSESSION OF THE APPLICATOR AT THE TIME OF APPLICATION. APPLICATIONS MUST BE SUBMITTED TO THE DEM DIVISION OF AGRICULTURE AT LEAST 45 Calendar DAYS PRIOR TO THE PROPOSED TREATMENT DATE TO ALLOW SUFFICIENT REVIEW AND PROCESSING TIME.**

*(Please Print or Type Information)*

### APPLICANT INFORMATION

1. **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Print Name (Owner/person responsible for property)

**Company Name:** (If applicable) \_\_\_\_\_

**Address** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### SPRAY CONTRACTING FIRM

2. **Firm Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Pesticide Applicator's License/Certification #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Aircraft to be used** \_\_\_\_\_ **Make/Model** \_\_\_\_\_ **N-Number** \_\_\_\_\_

**Color** \_\_\_\_\_

**3. PILOT ROSTER LIST ALL PILOTS & THEIR COMMERCIAL PESTICIDE CERTIFICATION/LICENSE**

Name \_\_\_\_\_ License# \_\_\_\_\_

Name \_\_\_\_\_ License# \_\_\_\_\_

Name \_\_\_\_\_ License# \_\_\_\_\_

**4. TYPE OF AERIAL APPLICATION**

- FOREST INSECT PESTS       FOREST VEGETATION       OTHER FOREST  
 RIGHT OF WAY       MOSQUITO LARVICIDE       MOSQUITO ADULTICIDE  
 OTHER \_\_\_\_\_

**5. PESTICIDE APPLICATION INFORMATION**

**PRODUCT INFORMATION**

List all Nuisance Plant and/or insect Species to be controlled  
(List both Scientific and Common Name(s):

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**TYPE OF TREATMENT:** List Product Name, Product Manufacturer, Active Ingredient, Target Pest Species (please list name of insect &/or weed), Application Rate & EPA Registration Number for each intended product

Product Name	Manufacturer	Active Ingredient (% of mixture)	Targeted Pest Species	Application Rate	EPA Registration Number

Note: Notify DEM Division of Agriculture if there are any changes to the product to be used prior to treatment

Diluent(s) \_\_\_\_\_

Crop(s) or area(s) to be treated:

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Site Locations: \_\_\_\_\_

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- (A Detailed map showing areas of application and which pesticide to be used on each area, sensitive areas & major public routes of ingress & egress)

Number of Acres to be treated: \_\_\_\_\_

Date(s) and Time(s) of Application(s):  
\_\_\_\_\_

6. Are there any rare and/or protected plants or animal species in the area? If yes, what efforts are being made to provide protection? For further determination of protected species in the area, please contact Paul Jordan, DEM Supervising GIS Specialist at: paul.jordan@dem.ri.gov.

\_\_\_\_\_

**7. Uses in water body:**

- Recreational    Primary/Swimming    Secondary/Boating    Fish Angling/Wildlife  
 Irrigation  
 Drinking Water Supply/Reservoir    Public    Private  
 Potable Water Source

8. Water Body Ownership:  Public  Private  
(A copy of the Town Plat and Lot map must be provided)

*A topographic map indicating the location of the treatment area with regard to nearest village and public roads must be attached along with photos of the treatment area and a copy of the pesticide label. Also identify any community wells or public water supplies within 2 miles of area of treatment.*

Please indicate if the community wells are within 200' of the treatment area for drilled, driven or dug wells and transient wells and/or 400' of the treatment area for higher-capacity overburden wells of the treatment area.

*Pursuant to the Rules & Regulations Pertaining to Public Drinking Water, R46-13-DWQ; a variance from the DOH Office of Drinking Water Quality is required if any pesticide or herbicide application is applied within the 200' and 400' distances described above (a.k.a. the Inner Protective Radius).*

**9. Please provide the following information:  
(Attach additional pages, if necessary)**

- Map showing the location of pesticide application (treatment area) for this request.  
 Description, identification & location of exact areas of the pesticide application.  
(If partial treatment is proposed, the map must clearly show areas to be treated  
(If separate areas of the waterbody are to be treated with different chemicals, then this information must be clearly indicated.)

10. Is the waterbody stocked with fish by the State?    Yes    No

\_\_\_\_\_

11. Is the waterbody to be treated on the state's most recent 303(d) list?    Yes    No

12. If yes, what "cause(s)/impairment(s)" is the waterbody listed for?

\_\_\_\_\_

(Reference RI's 303(d) List: <http://www.dem.ri.gov/pubs/303d/index.htm>):

13. How will access to the site be obtained and will it be protective of wetlands? (Ex. Via existing or new path, existing boat ramp)

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

By signing below, I certify that I am the owner/person responsible for the treatment area, or that I am an authorized representative of said owner/responsible party, and that I have read and understand the Rhode Island Pesticide Control Law, RIGL Chapter 23-25, the related Rules and Regulations Pertaining to Pesticides, and the RIPDES Pesticide General Permit. I further certify that all information provided in this application is true and accurate to the best of my knowledge as of the date of filing this application.

The Applicant agrees to and accepts the following statements:

- A. The sole responsibility for any damages that may result from inaccurate computations and/or improper application of the product falls on both the pesticide applicator and the applicant signing below.
- B. The Applicant must apply the product in compliance with all label conditions
- C. The Applicant must guarantee to hold the state harmless from all suits, claims or causes of action that arise from the use of the product.

36. Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

STATE ACTION:  Approved  Approved with Conditions: \_\_ (See attached Permit)  Disapproved \_\_\_\_\_

State will:  Monitor Application  Conduct Use Inspection  Take No Action At This Time

Remarks \_\_\_\_\_

Date of Approval/Disapproval: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DEM Signatures: \_\_\_\_\_  
Director, DEM

\_\_\_\_\_  
Senior Environmental Scientist  
Division of Agriculture