



Frank M. Rabauliman
Administrator

Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304, DCRM: P.O. Box 10007, Saipan, MP 96950-1304

DEQ Tel.: (670) 664-8500/01; Fax: (670) 664-8540

DCRM Tel.: (670) 664-8300; Fax: (670) 664-8315

www.deq.gov.mp and www.crm.gov.mp



David B. Rosario
Director, DEQ

Pesticide Use Permit Application For Aerial Treatment

Aerial pesticide applications are granted on a case by case basis and are restricted to applications sites that are 150 acres or larger.

Any person intending to apply pesticides by aircraft must have a valid aerial pesticide application license (pilot license to apply pesticides aerially) from any state or territory of the United States. The aircraft used for aerial application must be in accordance with Federal Aviation Administration rules and regulations.

For all sites which will be undergoing aerial pesticide treatment, the applicator must submit an application to the Director on a form provided for that purpose, accompanied by a non-refundable fee of \$500.

The request for a permit must be submitted to BECQ at least twenty business days prior to the proposed date of application. Upon receipt of the aerial pesticide application permit, BECQ has up to ten business days to process the permit. The permit is valid for 6 months after the date of issuance.

The applicator is required to notify BECQ in writing 48 hours prior to any aerial application made under an approved permit.

Unless pre-approved by BECQ, aerial application shall not be phased or divided. Aerial pesticide applications conducted under an approved permit must be scheduled during BECQ's normal working hours.

Further, the applicator must provide written notices of the date and time(s) of application and brand or common name and EPA registration of the pesticide to be used to each household and business that is located within a one-mile radius of the proposed application. A copy of this written notice must be submitted to BECQ prior to the pesticide application.

Every possible effort should be made to control pesticide drift during aerial pesticide applications.

If you have any questions regarding the above stated information, contact our office at telephone numbers (670) 664-8500/01.

TO THE APPLICANT:

It is the responsibility of the applicant to completely answer all questions relevant to the project and attach the required supporting materials. If a question is not application, "N/A" should be placed in the appropriate space. Until the needed information and materials are supplied, BECQ will not file or act on the application. The application process is approximately 10-business days.

For BECQ use Only	
Fee Amount:	
Receipt Number:	
Permit No:	

Section 1. APPLICANT INFORMATION

Name of Company: _____

Mailing Address: _____

Location of Company: _____

Phone No.: _____ Ext.: _____ Fax No.: _____

Email Address: _____

Name of Applicator: _____

Contact Information (if different from company phone number above): _____

Applicator Certification Number: _____ Cert. Expiration Date: _____

Name of Pilot (if different from Applicator above) _____

Pilot Certification Number _____ License Expiration Date: _____

Section 2. DESCRIPTION OF APPLICATION AREA

Name of Project: _____

Purpose of application:

Village: _____ Island: _____

Phone No.: _____ Ext.: _____ Fax No.: _____

Section 3. PROPOSED DATE & TIME OF AERIAL TREATMENT

Date: _____ Time(s): _____

The date proposed must be at least twenty business days after you submit this form to DEQ.

Alternate Date/Time(s): _____

Section 4. PESTICIDE APPLICATION INFORMATION

Brand Name: _____

EPA Registration No. _____ EPA Establishment No. _____

Active Ingredient and Percentage: _____

If more than one pesticide is to be used, please complete this section for each pesticide.

Brand Name: _____

EPA Registration No. _____ EPA Establishment No. _____

Active Ingredient and Percentage: _____

Brand Name: _____

EPA Registration No. _____ EPA Establishment No. _____

Active Ingredient and Percentage: _____

Brand Name: _____

EPA Registration No. _____ EPA Establishment No. _____

Active Ingredient and Percentage: _____

Size of application area: _____

Targeted Pest(s): _____

Type of Equipment(s) to be used for application: _____

Type of Personal Protective Equipment (PPE) to be used as required by the label: _____

Section 5. PRE-APPLICATION PRECAUTIONARY MEASURES AND REQUIREMENTS

List all precautionary measures which will be implemented *prior* to pesticide application:

Section 6. POST APPLICATION PRECAUTIONARY MEASURES AND REQUIREMENTS

List all precautionary measures which will be implemented **after** pesticide application:

Re-entry Interval as stated on the Pesticide Label(s): _____

Did you inform the contractor (construction company) AND project owner of this time? No
 Yes

Please be advised that all of the information above in Section 4, 5, and 6 must be in conformance with the U.S. Environmental Protection Agency's health warning and instruction for use that is printed on the pesticide package. It is a violation of the CNMI and Federal Regulations to use pesticide in a manner that is inconsistent with its EPA approved labeling.

Section 7. ADDITIONAL DOCUMENTS REQUIRED

1. Map of the application site, identifying bodies of water or aquatic habitats, residential homes, schools, hospitals, and businesses within 1000 feet of the application site
2. Copy of Applicator Certification
3. Copy of Pilot License
4. Description or History of company's experience conducting aerial treatments.
5. Health and safety plan.
6. Non-Refundable filing fee of Five Hundred Dollars (\$500.00) must be submitted to DEQ with this application.

Section 8. REMINDERS

You are reminded that pursuant to NMIAC § 65-70-310 (c), **(1)**The applicator is required to notify DEQ in writing 48 hours prior to any aerial application made under an approved permit. Unless pre-approved by DEQ, aerial application shall not be phased or divided. Aerial pesticide applications conducted under an approved permit must be scheduled during DEQ's normal working hours. Further, the applicator must provide written notices of the date and time(s) of application and brand or common name and EPA registration of the pesticide to be used to each household and business that is located within a one-mile radius of the proposed application. A copy of this written notice must be submitted to DEQ prior to the pesticide application. **(2)** Every possible effort should be made to control pesticide drift during aerial pesticide applications.

Section 9. APPLICANT ACKNOWLEDGEMENT and SIGNATURE

I, _____ as applicant for this permit, hereby state that I have knowledge of the information provided on this application and that this information is true and correct to the best of my knowledge and belief, and is made in good faith. I have read and understand the provisions and requirements set forth in the CNMI Pesticide Regulations. I understand that it is a criminal offense to submit false information to the government under these regulations.

Applicant Signature

Date

If you have any questions regarding the above stated information, contact our office at telephone numbers (670) 664-8500/01.