

UNITED STATE DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

PESTICIDE USE PROPOSAL

STATE: CO

COUNTY: Moffat

FIELD OFFICE: Little Snake Field Office

DURATION OF PROPOSAL:

LOCATION:

DATE:

PROPOSAL NUMBER:

EA REFERENCE NUMBER:

DECISION RECORD (DR) NUMBER:

ORIGINATOR – NAME:

ORIGINATOR – COMPANY:

ORIGINATOR – CONTACT INFORMATION:

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I. APPLICATION INFORMATION – (Including mixtures and adjuvants):

1. TRADE NAME(S):
2. COMMON NAME(S):
3. EPA REGISTRATION NUMBER(S):
4. MANUFACTURER(S):
5. METHOD OF APPLICATION:
6. MAXIMUM RATE OF APPLICATION – AS STATED ON THE LABEL:
 - a. Formulated Product:
 - b. Pounds Active Ingredient or Acid Equivalent:
7. INTENDED RATE OF APPPLICATION:
 - a. Formulated product:
 - b. Pounds Active Ingredient or Acid Equivalent:
8. APPLICATION DATE(S):
9. NUMBER OF APPLICATIONS:

II. PEST [List specific pest(s) and reason(s) for the proposed application of the pesticide]:

III. DESIRED RESULTS OF THE APPLICATION – LINKED TO THE OBJECTIVES OF THE APPLICATION:

IV. APPLICATION SITE DESCRIPTION:

1. ESTIMATED NUMBER OF ACRES:
2. GENERAL DESCRIPTION (Describe land type or use, size, stage of growth of target species, soil characteristics, and any additional information that may be important in describing the area to be treated.)

V. SENSITIVE ASPECTS AND PRECAUTIONS (Describe sensitive areas – marsh, endangered, threatened, candidate, and sensitive species habitat – and distance to application site. List measures to be taken to avoid impact to these areas):

VI. NON-TARGET VEGETATION (Describe potential immediate and cumulative impacts to non-target pests in project area as a result of the pesticide application. Identify any planned mitigation measures that will be employed – BE GENERAL, SPECIFICS DISCUSSED IN THE EA):

VII. INTEGRATED PEST MANAGEMENT PRACTICES CONSIDERED IN THE OVERALL PROJECT:



VIII. SIGNATURES:

- 1. Pesticide Use Proposal's Originator: _____ Date: _____
 - a. Company: _____
- 2. Certified Pesticide Applicator: _____ Date: _____
 - a. License Number: _____
 - b. Certifying Organization: _____
- 3. Field Office Weed and Pest Coordinator: _____ Date: _____
- 4. Field Office Manager: _____ Date: _____
- 5. BLM State Weed and Pest Coordinator: _____ Date: _____
- 6. Deputy State Director: _____ Date: _____
 - Concur or Approved
 - Not Concur or Disapproved
 - Concur or Approved With Modifications
 - Any changes (modifications) to this proposal by the state pesticide Coordinator will be listed below or in an attached memo to the manager requesting approval from the Deputy State Director