

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

PESTICIDE USE PROPOSAL

STATE:

COUNTY:

FIELD OFFICE:

DURATION OF PROPOSAL:

LOCATION:

DATE:

PROPOSAL NUMBER:

EA REFERENCE #:

DNA #:

ORIGINATOR – NAME:

ORIGINATOR – COMPANY:

ORIGINATOR – CONTACT INFORMATION: (Include phone and address)

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

	1. TRADE NAME	2. COMMON NAME	3. EPA REG. #	4. MANUFACTURER
1				
2				
3				
4				

5. METHOD OF APPLICATION:

	6. MAX RATE OF APPLICATION (AS STATED ON LABEL)		7. INTENDED RATE OF APPLICATION	
	Formulated Product	Pounds Active Ingredient or Acid Equivalent	Formulated Product	Pounds Active Ingredient or Acid Equivalent
1				
2				
3				
4				

8. APPLICATION DATE(S):

9. NUMBER OF APPLICATIONS:

II. PEST (List specific pest(s) and reasons(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 impact 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: _____

○ Company: _____

2. Certified Pesticide Applicator: _____ Date: _____

○ License Number: _____

○ Certifying Organization: _____

○ Applicator Name / Company (print): _____

○ Mailing Address: _____

○ Phone Number: _____

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