

## INFORMATION FOR REGISTRATION OF PESTICIDE-SENSITIVE PERSONS

To register as a pesticide-sensitive person, you must submit an Application for Registration of A Pesticide-Sensitive Person. This form includes sections for the name, address and telephone numbers of the pesticide-sensitive individual, a list of abutting properties and the certification of a Colorado licensed physician.

For the purposes of Registration, "abutting properties" includes any structure or land that touches your property. If you live in a multiple-unit building such as an apartment, condominium or town-home, abutting properties would include other units and commonly-owned landscape areas that touch your property. Property that is separated from yours only by an alley is considered to be abutting; property separated by a regular street, road, or other space is not abutting.

After your application is received you will be assigned a registration number. Please include this number on all correspondence with the Colorado Department of Agriculture.

Medical certification means certification from a physician licensed to practice medicine in the **State of Colorado**.

After your **initial completed application** is received, you will be sent a package of notification signs. These signs are for your benefit and may be displayed or not as you see fit. These signs include your registration number and are only good at your current, registered address.

A registry will be distributed in January of each year. Once you are on this published registry, your name, address and telephone number will be provided to all licensed commercial pesticide applicators, registered limited commercial and public applicators.

Licensed commercial and registered limited commercial and public applicators are required to attempt to notify you at least 24 hours before any turf or ornamental pesticide applications are made to any property abutting yours. **This notification may be by mail, phone or personal notification.** If the applicator is unable to notify you at least 24 hours before the application, the applicator is required to attempt to notify you immediately before the application of pesticides. If the applicator is still unable to notify you, the applicator must leave notice on the door of your residence notifying you of the application and attempts to notify you.

If you live at more than one address during the year, a separate application must be filed for each residence you would like published in the registry.

Any change in the information provided in your initial application or any subsequent report or changed information (e.g., change of address or phone number) should be reported to the Department. Upon your request, the Department will send you the form you must use to report the changed information.

Your registration will expire November 1 of each year, no matter when you initially registered. You will be sent a renewal form by this Department. You must provide a Colorado physician's certification **every two years**.

If you have any questions, please feel free to contact us at (303) 239-4146.

**APPLICATION FOR REGISTRATION OF PESTICIDE-SENSITIVE PERSONS**

To be registered with the Colorado Department of Agriculture as a pesticide-sensitive person, please complete this application form. This application form is used to determine whether you qualify to be registered. You have the right to inspect, amend or correct the application you submit. All of the information on this application, other than the medical data found in the Physician's Certification section, is a matter of public record. Your name, address(es), and phone number(s) will be provided to commercial, unlimited commercial and public pesticide applicators so that they may attempt to notify you before making a turf or ornamental pesticide application on property abutting yours.

I hereby request to be placed on the list of pesticide-sensitive individuals.

**PLEASE PRINT OR TYPE**

NAME			
PERMANENT RESIDENCE ADDRESS (No P.O. Boxes)		Multi-Unit Complex Name (if applicable)	
City	State	Zip Code	County
MAILING ADDRESS (if different from above)			
City	State	Zip Code	County
DAYTIME PHONE	EVENING PHONE	AUTHORIZED SIGNATURE	

**PHYSICIAN'S CERTIFICATION**

I am a physician licensed to practice medicine in the State of Colorado and I certify that the individual named above is a patient of mine and should be placed on the registry of pesticide-sensitive individuals. This individual has a documented sensitivity to certain pesticides and should not be exposed to them because of the following reason(s):

---



---



---



---

Physician's Name		Colorado Medical License No.	
Street Address			
City	State	Zip Code	County
Telephone	Authorized Physician Signature		Date

## LIST OF ABUTTING PROPERTIES

Please include a brief description of each abutting property such as; “house,” “adjacent apartment unit,” or “common landscape area immediately south of my condominium.”

**PLEASE PRINT**

1. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
2. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
3. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
4. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
5. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
6. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
7. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
8. Address		Multi-Unit Complex Name (if applicable)	
City	County	State	Zip Code
9. Address		Multi-Unit Complex (if applicable)	
City	County	State	Zip Code
10. Address		Multi-Unit Complex (if applicable)	
City	County	State	Zip Code