



Application for Fumigation Permit

Fumigation Address: _____

Company Information (Please Print)

Business Name: _____	Date: _____		
Address: _____	City: _____	State: _____	Zip: _____
Emergency Contact: _____	Phone: _____		
Company License #: _____			

Applicator Information (Please Print)

Name: _____	Applicator License #: _____	
Applicator ID: Type: _____	State: _____	Number: _____
Date of Fumigation: _____	Begin/End Time: _____	
Type of Gas Used: _____		

By accepting this permit for Fumigation, the applicant acknowledges the following regulations regarding said permit.

- Permit is valid for 10 days from the date shown. The City of Dickinson must be contacted prior to fumigation if the date changes for any reason.
- Permit is valid only for the address and/or described location specified on the application.
- All fumigation's and pesticide applications must be performed in accordance with Federal, State and Local regulations, codes and ordinances.
- All chemicals used in the fumigation process shall be of an approved type.
- A Material Safety Data Sheet (MSDS) for each chemical used in the process and a copy of the applicator's State License must be on file with the City of Dickinson.
- Where a flammable gas is used for fumigation, a responsible adult shall be on the premises from the beginning of the operation until all ventilation is completed. The responsible party shall perform the function of watchman and shall have means of communication in case of emergency at all times.
- All persons involved in the business of fumigation or thermal insecticidal fogging shall maintain and have available approved protective equipment and breathing apparatus.
- All warnings provided by the manufacturer of the products used shall be followed and all potential ignition hazards shall be eliminated prior to use.
- Warning signs shall be posted on each side of the structure being fumigated, not more than seventy-five feet apart and one at each entrance, bearing the "skull and crossbones emblem" with the words Danger, Poison Gas, Keep Out and designating the name of the fumigant, fumigator's name, address and phone number.
- This application may be received via fax or in person and must be signed by a person authorized by licensee.
- Failure to comply with all regulations may result in the issuance of citations by the City of Dickinson.

Applicant's Signature

Date