

**PESTICIDE APPLICATION APPROVAL FORM FOR SCHOOL DISTRICTS**

Description of pest problem: \_\_\_\_\_

Justification for use: \_\_\_\_\_

Application Site: \_\_\_\_\_

Name of Pesticide: \_\_\_\_\_

EPA Registration #: \_\_\_\_\_

**Category of Pesticide**       **Green**                       **Yellow**                       **Red**

**Green Category** pesticides may be used at the discretion of the licensee. Approval may or may not be necessary, depending on School IPM Policy

Use of **Yellow Category** pesticides requires written approval from the Certified Applicator. A copy of this approval must be sent to the IPM Coordinator within two (2) business days of application. **Yellow Category** approvals shall have duration of no longer than six (6) months or six (6) applications per site, whichever occurs first.

Use of **Red Category** pesticides requires written approval from the IPM Coordinator prior to application. **Red Category** approvals shall have a duration of no longer than three (3) months or three (3) applications per site, whichever is first.

If Incidental Use: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Member)

Approval of Certified Applicator: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Approval of IPM Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Forwarded to:            IPM Coordinator                      Date: \_\_\_\_\_

**Approvals shall be kept by the Responsible IPM Coordinator with the pesticide use records for a minimum of two (2) years after last application.**