

Restricted Use Pesticides Authorization

I, _____, authorize the following person(s) listed below to receive Restricted Use Pesticides from Laramie County Weed & Pest Control District to be delivered to me for my use. These chemicals may be charged to my account unless otherwise instructed. **I understand that persons not authorized on this document will not be allowed to obtain Restricted Use Pesticides for me.**

Licensee:

Licensee Name on card: _____

Address: _____

City/State/Zip: _____

Printed Licensee Name:

License No:	License Expiration Date:
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Today's Date:	Licensee Signature:
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Name of authorized person(s): (print full names below)

1. _____

2. _____

3. _____

4. _____

5. _____

This authorization becomes null and void upon the License Expiration Date and must be updated at that time.