



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304, DCRM: P.O. Box 10007, Saipan, MP 96950-1304

DEQ Tel.: (670) 664-8500/01; Fax: (670) 664-8540

DCRM Tel.: (670) 664-8300; Fax: (670) 664-8315

www.deq.gov.mp and www.crm.gov.mp



Pesticide Use Permit Application For Fumigation Treatment

For all fumigation treatments, the applicator must submit a Pesticide Use Permit Application for Fumigation Treatment to the Director on a form provided for that purpose, accompanied by a non-refundable fee of fifty dollars. The request for a permit must be submitted to BECQ at least fifteen (15) business days prior to the proposed date of application. §65-70-305(d)(2)

Upon receipt of the Pesticide Use Permit Application for Fumigation Treatment, BECQ has up to ten (10) business days to process the permit. The permit is valid for 1 months after the date of issuance. §65-70-305(d)(2)

The applicator must provide written notices of the date of application and the name and registration number used to each household and business that is located within **twenty-five (25) feet** of the proposed application. Notices must be made no less than **fourteen (14) days** prior to the fumigation project. A copy of this written notice must be submitted to BECQ prior to the fumigation application. §65-70-305(d)

The applicator is required to provide BECQ with the following additional information:

1. Product label and Safety Data Sheet (SDS) of fumigant to be used
2. Maps **(a)** Vicinity map showing all residential homes and businesses with 25 ft. of the proposed project site; **(b)** Driving directions to the project site
3. Fumigation Management Plan and any additional information required by the product label.
4. Descriptions of **(a)** site; **(b)** equipment to be used; **(c)** history of company's history conducting similar fumigations; **(d)** any prior problems or issues with fumigations

Date of proposed application:

Do you acknowledge this?

- Yes
 No

Do you agree to comply with this requirement?

- Yes
 No

Did you attach the additional documentation as required?

- Yes
 No

If you have any questions regarding the above stated information, contact our office at telephone numbers (670) 664-8500/01.

TO THE APPLICANT:

It is the responsibility of the applicant to completely answer all questions relevant to the project and attach the required supporting materials. If a question is not applicable, "N/A" should be placed in the appropriate space. Until the needed information and materials are supplied, BECQ will not file or act on the application. The application process is approximately 10-business days. **The fee is \$50 per project site.**

For BECQ Use Only
Amount Paid:
BECQ Receipt Number:
BECQ Permit Number:

Section 1. APPLICANT INFORMATION

Name of Company: _____

Mailing Address: _____

Location of Company: _____

Phone No.: _____ Ext.: _____ Fax No.: _____

Email Address: _____

Name of Applicator: _____

Contact Information (if different from company phone number above): _____

Applicator Certification Number: _____ Cert. Expiration: _____

Section 2. DESCRIPTION OF PROJECT SITE

Name of Project: _____

Street/Intersection of Project: _____

Village: _____ Island: _____

Name of Contact Person at Client: _____

Phone No.: _____ Ext.: _____ Fax No.: _____

Section 3. PESTICIDE APPLICATION INFORMATION

Brand Name: _____

EPA Registration No. _____ EPA Establishment No. _____

Active Ingredient and Percentage: _____

Targeted Pest(s):: _____ Size of application area: _____

Type of Equipment(s) to be used for application: _____

Type of Personal Protective Equipment (PPE) to be used as required by the label: _____

Section 4. FUMIGATION MANAGEMENT PLAN

List all precautionary measures which will be implemented *prior and after* to fumigation application:

Re-entry Interval: _____

Did you inform the contractor (construction company) AND project owner of this time?

- Yes
- No

Section 5. APPLICANT ACKNOWLEDGEMENT and SIGNATURE

I, _____ as applicant for this permit, hereby state that I have knowledge of the information provided on this application and that this information is true and correct to the best of my knowledge and belief, and is made in good faith. I have read and understand the provisions and requirements set forth in the CNMI Pesticide Regulations. I understand that it is a criminal offense to submit false information to the government under these regulations.

Applicant Signature

Date

Please be advised that all of the information above in Section 3 and 4 must be in conformance with the U.S. Environmental Protection Agency's health warning and instruction for use that is printed on the pesticide package. It is a violation of the CNMI and Federal Regulations to use pesticide in a manner that is inconsistent with its EPA approved labeling.

If you have any questions regarding the above stated information, contact our office at telephone numbers (670) 664-8500/01.