Print Form

New York State Department of Environmental Conservation (NYSDEC)
Bureau of Pest Management, 625 Broadway, Albany, NY 12233-7257
(518) 402-8788 PestComp@gw.dec.state.ny.us

REQUEST for DETERMINATION for EMERGENCY PESTICIDE APPLICATION

For Use by Non-Public Schools and Day Care Centers in New York State

READ BEFORE COMPLETING THIS FORM:

- ✓ Use this form to request one determination, from the Commissioner of the NYSDEC, for a non-public school or day care center to make an emergency application of a prohibited pesticide to playgrounds, turf, or playing or athletic fields at the school or day care center. **Complete the Microsoft Word or pdf version of this form.**
- ✓ Non-public schools and day care centers may seek a DEC determination, when an emergency arises which could significantly affect the environment (e.g., some invasive species management).
- ✓ For guidance on who to contact to seek a determination for other types of pest management emergencies, see the DEC Guidance on Chapter 85 at http://www.dec.ny.gov/docs/materials_minerals_pdf/guidancech85.pdf.
- ✓ For full information on related requirements, schools see Section 409-k of the State Education Law or day care centers, see Section 390-g of the Social Services Law at http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS
- ✓ Print all information, except the signature. **ATTACH ADDITIONAL INFORMATION, IF NECESSARY.**

You will find this application on our website in MS Word and PDF format at: http://www.dec.ny.gov/chemical/41822.html. Please fill it out completely and save it. Send the completed form to the street address above or as an attachment to an e-mail to the e-mail address above.

NAME OF NON-PUBLIC SCHOOL OR DAY CARE CENTER	COUNTY
FULL ADDRESS OF NON-PUBLIC SCHOOL OR DAY CARE CENTER	
NAME OF AUTHORIZED REPRESENTATIVE OF **NON-PUBLIC SCHOOL** (HEAD OF BUSINESS OFFICE AT SCHOOL OR PRINCIPAL) e-mail: phone:	NAME OF OWNER OR DIRECTOR OF **DAY CARE FACILITY** e-mail: phone:
NAME OF DIRECTOR OF FACILITIES AND OPERATIONS AT **NON-PUBLIC SCHOOL** INCLUDE ADDRESS, IF NOT A DIRECT EMPLOYEE OF THE SCHOOL e-mail:	NAME OF GROUNDSKEEPER OR PESTICIDE APPLICATOR AT **DAY CARE CENTER**. INCLUDE ADDRESS, IF NOT A DIRECT EMPLOYEE OF THE DAY CARE CENTER. PROVIDE APPLICATOR CERTIFICATION NUMBER AND BUSINESS REGISTRATION NUMBER. e-mail:
NAME AND CERTIFICATION NUMBER OF APPLICATOR AT **NON-PUBLIC SCHOOL** AND BUSINESS OR AGENCY REGISTRATION NUMBER	
PROVIDE NAME OF THE PEST AND THE PROHIBITED PESTICIDE WHICH THE SCHOOL OR DAY CARE CENTER IS SEEKING A DETERMINATION TO USE. PROVIDE PRODUCT NAME AND EPA REGISTRATION NUMBER (see label). PROVIDE ANTICIPATED DATE OF PESTICIDE APPLICATION.	
DESCRIBE THE AREA OF THE SCHOOL GROUNDS AFFECTED BY THE PEST AND PROVIDE THE ESTIMATED SIZE OF THE AFFECTED AREA	
DESCRIBE THE SEVERITY OF THE INFESTATION AND STATE WHY IT IS A SIGNIFICANT ENVIRONMENTAL THREAT	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SCHOOL OR DAY CARE CENTER (NAMED ABOVE) I certify that information stated on this form is true and correct.	DATE