OCCUPANT FUMIGATION NOTICE & PESTICIDE DISCLOSURE

Address of Structure to be Fumi	igated:			
City:	State:	State: Zip:		
Single-Unit Structure	Owner/Ag	Owner/Agent:		
Multi-Unit Structure	Contact N	Contact Number(s):		
Other:	Occupanti	(s):		
	Contact N	lumber(s):		
Prime Contractor:	PR #:	Emergency Number:		
Fumigation Contractor:	PR #:	Emergency Number:		
Target Pest:		Fumigant Brand Nam	ne:	
		Active Ingredient: <u>Sul</u>	lfuryl Fluoride	
	AT WOULD ALLOW FOR THE PASSAGE OINING STRUCTURES THAT ARE NOT 1			
	CHLOROPICRIN WILL BE USEE	DAS A WARNING AGENT		
Start Date of Fumigatic		Change of Start Date:		
End Date of Fumigation	on: Change of End Date:			
	IMPORTANT REA	D CAREFULLY		
	IGATED WITH A LETHAL GAS ON THE R BEFORE ARRIVAL OF THE FUMIGATIO	DATE(S) INDICATED ABOVE. A	LL PERSONS AND ANIMALS MUST	
UNDER NO CIRCUMSTANCES C THE TIME AND DATE FOR SAFE	CAN ANYONE ENTER THE STRUCTURE RE-ENTRY.	UNTIL THE FUMIGATION COM	PANY'S NOTICE IS POSTED GIVING	
Companies are registered and re use by the California Departmen when the State finds that, based	given the following information: CAUTI egulated by the Structural Pest Control nt of Pesticide Regulation and the Unite I on existing scientific evidence, there ar benefits. The degree of risk depends u	Board and apply pesticides wh ed States Environmental Protect re no appreciable risks if proper	ich are registered and approved for tion Agency. Registration is granted ^r use conditions are followed or that	
garbled speech, or difficulty in Poison Control Center (lication you experience symptoms of di breathing, leave the structure immedia) and notify your pest contr and vomiting. Entry into the space durin	ately and seek medical attention ol company. The warning agen	on by contacting your physician or	
(); for Applic	any of the following: (cation Information the County Agricultu Control Board 916-561-8700, 2005 Even	ural Commissioner () and for Regulatory	
County Health Department	FOR HEALTH Q County Agricultural Commissioner		Structural Pest Control Board	
Phone Number	Phone Number	Phone Number	Phone Number	

(This section may be modified to include the information of geographical area served by the licensee)

WE SUGGEST YOU NOTIFY YOUR NEIGHBORS OF THE START AND END DATE OF FUMIGATION AND TO KEEP PETS AWAY DURING THE FUMIGATION. CLOSE OFF ANY ACCESS TO THE SUBAREA TO PREVENT PETS FROM ENTERING.

I hereby acknowledge receipt of a copy of this document and the information contained herein, a list that includes the instructions for the necessary preparations for the fumigation, procedures for leaving the structure, the fact sheet for the fumigant to be used, and the documents listed below, if any.



Owner/Agent signature: _____

Occupant signature: _____ Date: _____

Date: