|  |
| --- |
| **Contact Information** |
| Organization/Agency |  |  |
| Contact Person |  |  |
| Mailing Address |  |  |
| City, State, Zip |  |  |
| Telephone Number |  |  |
| Email Address |  |  |
| Pesticide Applicator Name |  |  |
| Pesticide Applicator Certification Numbers |  |  |
|  |

| **Treatment site** |
| --- |
| Name of Water Body/Bodies: |  |
|  |
| Treatment site location:(location description such as mileposts, landmarks, distance and direction from nearest community, latitude and longitude, UTM coordinates, etc.)

|  |
| --- |
|  |

 |
|  |

| **Target species (please check box to confirm)** |
| --- |
|  |
|  |  | Project is intended to control elodea species |
|  |  |  |

| **Project management (please check box to confirm)** |
| --- |
|  |
|  |  | Project is overseen or managed by the Alaska Department of Natural Resources Invasive Plant Program  |
|  |  |  |

| **Water body characteristics (please check box to confirm)** |
| --- |
|  |
|  |  | This is a lake, pond, or other still water.  |
|  |  |  |
|  | Describe any outflow characteristics: |  |
|  |  |  |
|  |  |

| **Water intakes (please check box to confirm)** |
| --- |
|  |
|  |  | Pesticide will be applied only to water bodies with no functioning potable water intakes within ¼ mile of treatment area. |
|  |  |  |

| **Endangered species (please check box to confirm)** |
| --- |
|  |
|  |  | Treatment site has not been identified as habitat for threatened or endangered species referenced in 50 CFR 17.11-17.12. |
|  |  |  |

|  |
| --- |
| **Pesticide products (Check all that will be applied)** |
| **✓** | **Product Name** | **EPA Registration Number** |
|  | SonarGenesis |  67690-54 |
|  | Sonar A.S. |  67690-4 |
|  | SonarOne |  67690-45 |
|  | Sonar H4C |  67690-61 |
|  | Sonar PR Precision Release  |  67690-12 |
|  | Sonar Q |  67690-3 |
|  | Littora |  67690-53 |
|  | Reward Landscape and Aquatic Herbicide |  100-1091 |
|  | Tribune Herbicide |  100-1390 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I,** |  | certify under penalty of perjury, that all of the information |  |
|  | and exhibits in this application are true, accurate, and complete. |  |
|  |  |  |  | - |  | - |  |  |
|  | Applicant's Signature |  | Month |  | Day |  | Year |  |
|  |  |  |
|  | Applicant’s Title |  |

All applications must be signed by a duly authorized employee of the Alaska Department of Natural Resources.

SEND TO

The Alaska Department of Environmental Conservation

Pesticide Control Program
1700 E. Bogard Road, Building B Suite 103
Wasilla, Alaska 99654

**907-376-1870**

1-800-478-2577 (in-state)

Karin.Hendrickson@alaska.gov

<https://dec.alaska.gov/eh/pest/>