|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 invasive fish species |
|  |  |  |

| **Project management (please check box to confirm)** | | |
| --- | --- | --- |
|  | | |
|  |  | Project is overseen or managed by the Alaska Department of Fish and Game |
|  |  |  |

| **Water body characteristics (please check box to confirm)** | | |
| --- | --- | --- |
|  | | |
|  | Describe water body including size, streamflow, or outflow characteristics: | |
|  |  |  |
|  |  | |

| **Water intakes (please check box to confirm)** | | |
| --- | --- | --- |
|  | | |
|  |  | Pesticide will be applied only to water bodies with no functioning potable water intakes within 1/2 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** |
|  | CFT Legumine Fish Toxicant | 89459-48 |
|  | Prenfish Fish Toxicant | 89459-85 |
|  | Prentox Rotenone Fish Toxicant Powder | 89549-32 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 Fish and Game.

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/>