

# PEST CONTROL PRODUCT EXEMPTION FORM

## HOMEOWNER'S EXEMPTION

I hereby certify that I am not required to obtain an operator identification number per Sec. 6622 as this material will be used for HOME USE ONLY (not agricultural use)

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

(print)

**Address** (where product will be used):

\_\_\_\_\_  
\_\_\_\_\_

(This form to be attached to the invoice)

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## OPERATORS' CERTIFICATION

**Operator's  
Name:** \_\_\_\_\_

**Customer#** (if any): \_\_\_\_\_

(Attach a copy of current Operator's License)