



Arizona Department of Agriculture

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466

Section 18 Application/Permit – Transform WG – 17AZ01

Assigned Permit Number: _____ *Append this permit number behind the grower permit number on the 1080 when reporting the usage.*

Signature ADA Employee Issuing: _____ Date: _____

-----*(Do not write above this line)*-----
The US EPA has approved an emergency exemption for the use of Transform WG to control tarnished plant bug (*Lygus spp.*) in cotton. **Pay attention to the label for more restrictive pollinator protections. Sellers are required to see this permit in order to sell you this insecticide.**

Applicant Name: _____ Grower Permit Number: _____
(Please make sure the applicant names and names on the submitted 1080s agree.)

Total Acres: _____ *Total statewide acres limit is 150,000. So please only include acres you intend to treat. When we reach 150,000 acres we will no longer issue permits. Thanks for your help.*

Name of Person Making Recommendation: _____

PCA License Number: _____ *Check for grower self-recommendation* _____

Criteria for Determining Emergency Exists: I declare that an emergency exists in the fields this use is being requested for based on the following:

Signature of PCA or Grower as Applicable: _____

Check appropriate for applications:

___ Custom Applicator Custom Applicator Number: _____

___ Private Applicator

All use will be reported on a 1080 to the Department, including grower self-applied Transform WG. All laws, rules and use directions on Section 18 and Section 3 labeling will be followed. The applicator will have the Section 18 and 3 labeling in their possession. Use will not start until June 1, 2017 and end by October 31, 2017. By signing below I agree to all the above.

Signature of Applicant: _____ Date: _____

(Completed form must be returned to licensing@azda.gov, faxed or mailed)