



Notice of Intent (NOI) Application Form
***Zostera japonica* Control On Commercial Clam Beds**
General Permit

Permit Number: WAG 99 _ _ _ _	<input type="checkbox"/> New Application	<input type="checkbox"/> Updated Application
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I. Applicant/Permittee Information (Licensed Pesticide Applicator)

Entity Name:	
Contact Name:	
Mailing Address:	
City:	State: Zip:
Phone Number:	E-Mail:
Cell Phone Number (Optional):	UBI:

II. Sponsor Information (Business Proposing *Zostera japonica* Treatment)

Entity Name:	
Contact Name:	
Mailing Address:	
City:	State: Zip:
Phone Number:	E-Mail:
Cell Phone Number (Optional):	UBI:

III. Aquatic Pesticide License Information

WSDA Pesticide Applicator License Number:	
WSDA Pesticide Applicator License Expiration Date:	
Does the licensee have or will be supervised by someone with an Aquatic License? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Is the licensed applicator's renewal satisfied for this year and will it remain current? <input type="checkbox"/> Yes / <input type="checkbox"/> No	

IV. Project Information (Where treatment will occur)

Parcel Number	Commercial clam bed boundaries if different from parcel boundaries (Lat/Long of corners)

If more space is needed, continue on a separate sheet of paper. Attach the separate sheet to this form.

Attach a map of the commercial clam beds where treatment of *Zostera japonica* is proposed to this form.

V. Public Notice

Public notice must be published at least once each week, for 2 consecutive weeks, in a single newspaper that has general circulation in the county in which the project is to take place. Permit coverage will not be granted sooner than 31 days after the date of the second public notice. **Note: The NOI must be submitted to Ecology on or before the date of the first public notice.**

Provide the exact dates (mm/dd/yyyy) that the public notice will appear in the newspaper

First public notice date:

Second public notice date:

Newspaper publishing the public notice:

VI. Sponsor Certification

"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiries of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label requirements will be followed."

Sponsor Print Name:

Date:

Sponsor Signature:

VII. Applicant Certification

"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label requirements will be followed."

Applicant Print Name:

Date:

Applicant Signature:

Sign and return this document to the address below. For questions call 360-407-6283.

Washington Department of Ecology
Water Quality Program
Aquatic Pesticides
PO Box 47600
Olympia, WA 98504-7600

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.