
 <p>DEPARTMENT OF <b>ECOLOGY</b> State of Washington</p>	<p><b>Notice Of Intent (NOI) Application Form For Coverage Under The Aquatic Mosquito Control General Permit</b></p>	 <p>Scan with QR reader to go to permit web page</p>
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Permit Number:	<input type="checkbox"/> New Application	<input type="checkbox"/> Updated Application
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<b>I. Applicant/Permittee (Licensed Pesticide Applicator or Government Entity)</b>		
Entity Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	E-Mail:	
Cell Phone Number (Optional):		
Are you a commercial pest control business? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
<b>If yes, fill out Section II. Sponsor Information, and have your sponsor fill out and sign Section VII</b>		

<b>II. Sponsor Information (Entity hiring commercial applicator control mosquitoes)</b>		
Entity Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	E-Mail:	
Cell Phone Number (Optional):		

<b>III. Pesticide Applicator License Information</b>		
WSDA Pesticide Applicator License Number:		
WSDA Pesticide Applicator License Expiration Date:		
Does the licensee have or will be supervised by someone with a Public Health Pest Control, Aquatic, or a Statewide category endorsement? <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 mosquito control will occur)**

Project Type <input type="checkbox"/> Business: <input type="checkbox"/> City: <input type="checkbox"/> County:	<input type="checkbox"/> Homeowners Association: <input type="checkbox"/> Mosquito Control District: <input type="checkbox"/> Public Utility/Public Works: <input type="checkbox"/> State Agency:
Project Location/Area:	
Does your project location or area include any federal lands (e.g. National Wildlife Refuge)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If you answered yes to the previous question, do you have an agreement with the land manager that allows you to control mosquitoes on the federal land?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>Attach a map of the area where mosquito control activities are proposed to this form</b> (e.g. a map showing the outline of the property or jurisdiction to which this application applies).	

**V. Project SEPA**

<ul style="list-style-type: none"> <li>• If Ecology is <b>not</b> the lead agency for SEPA on this project, attach the SEPA determination documents to your completed NOI.</li> <li>• If Ecology <b>is</b> the lead agency, submit a completed SEPA checklist for this project.</li> </ul>
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**IV. Pesticides Anticipated for Use**

<input type="checkbox"/> Larvicides	<input type="checkbox"/> Adulticides
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**VI. Public Notice**

Public notice must be published at least once each week, for two consecutive weeks with at least seven days between publications, in a <b>single</b> newspaper that has general circulation in the county in which the project is to take place. <b>The applicant must use the Public Notice Template provided below. The NOI must be submitted to Ecology on or before the date of the first public notice.</b> Ecology cannot grant permit coverage sooner than <b>31 days</b> after the date of the second public notice.	
Provide the <b>exact</b> dates (mm/dd/yy) that the first and second public notices will appear in the newspaper:	
First public notice date: _____	Second public notice date: _____
Newspaper publishing the public notice: _____	
<b>Public Notice Template</b>	
Complete this template using project-specific information and submit to a local newspaper with general circulation within the county where the project is located. The language in <b>bold</b> is required and may not be changed, however the applicant may add additional information to the notice.	

**[Name of Applicant/Permittee], [Address of Applicant/Permittee] is seeking coverage under the Washington State Department of Ecology Aquatic Mosquito Control NPDES and State Waste Discharge General Permit.**

**The proposed project applies to following geographical area:** *[Describe area, e.g. property boundaries, government entity jurisdiction, etc].*

**The permit allows the discharge of a specific list of pesticides for mosquito control provided permit conditions are met, however the pesticides anticipated for use are:** *[List active ingredients applicant anticipates using].*

*If a government entity is applying for coverage and has made its own SEPA determination, do not include the following sentence in the public notice:*

**Ecology has made a SEPA determination of nonsignificance with the adoption of an existing environmental document for this proposal.**

**Any person desiring to present their views to Ecology regarding this application may do so in writing within thirty days of the last date of publication of this notice. Comments must be submitted to Ecology. Comments can be submitted to: Department of Ecology, Water Quality Program, Attn: Aquatic Pesticide Permit Manager, P.O. Box 47696, Olympia, WA 98504-7696.**

### VII. Sponsor Certification

This certification is only required for the sponsor of commercial applicators that are applying for permit coverage. Government entities do not need to fill this section out.

*"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."*

Sponsor Print Name:

Date:

**Sponsor Signature:**

### VIII. Applicant/Permittee 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 directions and 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*

*To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.*