Designation of Authorized Agent of Licensed Pesticide Applicator					
<u>De</u>	signation of Authorizea Age	nt of Lie	censea Pesticiae Applicato		
I am a licensed pesticid	e applicator and can legally c	htain a	nd use restricted use nestic	ides I he	rehy
	person to pick-up or accept				
Account #:			The second secon	o, o.	2110111
Business Name:					
Splits/Landlords:					
Address:					
Name of Licensed Applicator:					
Signature of Licensed Applicator:					
Date of Signature:					
Pesticide Applicator License Number:					
<u>License Type:</u>					
	Licensed by Colorado Department of Agricult			isor	
xx	Licensed by CDA as a Private Applicator				
	Other:				
This authorization is in effect from the date of my signature as indicated above until:					
(Expiration date of Authorization:)					
Authorized Agents:					
Name:	Address:		<u>City:</u>	State:	Zip:
		, H			
2. [1]					