

**Texas Department of Agriculture**  
Todd Staples, Commissioner  
**Regulated Herbicide Spray Permit**

<b>TDA Use Only:</b>	Type of Permit:	<input type="checkbox"/> Individual	<input type="checkbox"/> Blanket
	Region: _____	Permit Number: _____	
	County(s): _____	Date Issued: _____	

Person applying for permit: \_\_\_\_\_  
Name Phone

Address: \_\_\_\_\_  
Street, Rt. or P.O. Box City State Zip

Responsible Licensee  
or Certified Applicator: \_\_\_\_\_  
Name License or Certificate No. Phone

Address: \_\_\_\_\_  
Street, Rt. or P.O. Box City State Zip

Total acres to be treated: \_\_\_\_\_ Product Name: \_\_\_\_\_

Active ingredients: \_\_\_\_\_

EPA Registration No: \_\_\_\_\_ List type of spray equipment: \_\_\_\_\_

**The following items pertain to individual spray permits only:**

Intended date of application: \_\_\_\_\_

Exact location of land to be treated: \_\_\_\_\_

If using high volatile herbicides, list any susceptible crops in a four-mile radius from any point of the land to be sprayed: \_\_\_\_\_

\*List the nearest susceptible crops in all directions from the target area and distances: \_\_\_\_\_

TDA Remarks: \_\_\_\_\_

The Herbicide Spray Permit expires when the acreage for which the permit was granted has been sprayed or 180 days after issuance, whichever comes first.

Applications records, including spray permits, must be kept for two years after the date of application.

\*Susceptible crops may include field crops, orchards, nurseries, gardens, etc.

Return form to TDA Regional office at:

Inspector's Signature: \_\_\_\_\_ Inspector No: \_\_\_\_\_ Date: \_\_\_\_\_