



Arizona Department of Agriculture
 Central Licensing - Pest Management Division
 Physical Location: 1010 W Washington St., Phoenix, AZ 85007
 Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007
 Phone: (602) 542-3578 Fax: (602) 542-0466
 Website: <https://opm.azda.gov/> | Email: licensing@azda.gov

Responsible Individual for Political Subdivision

Pursuant to Arizona Revised Statute 3-3612 and in accordance with Arizona Administrative Code R3-8-213 which states:

- A. A political subdivision that uses pesticides to conduct pest management on property that is owned, leased or managed by the political subdivision, including easements, shall designate an individual or individuals responsible for the following:
 1. Responding to inquiries or concerns by the Director or the Director’s designee regarding compliance with A.R.S. Title 3, Chapter 20.
 2. Identifying for the Director or the Director’s designee where records required by this Chapter are maintained, where personal protection equipment is located, and where pesticides are stored.
 3. Demonstrating that all applicators are properly certified.

For section (B), please see the requested information below

- C. If the political subdivision changes its responsible individual(s), the political subdivision shall provide the information about the new responsible individual(s) listed in subsection (B) to the Director within 30 days.
- D. School districts are exempt from this Section.

About the Political Subdivision:

<u>SELECT ONLY ONE ENTITY:</u>					
<input type="checkbox"/> CITY	<input type="checkbox"/> TOWN	<input type="checkbox"/> MUNICIPAL CORPORATION	<input type="checkbox"/> COUNTY	<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> SPECIAL DISTRICT

Entity: _____

District/Division: _____

About the Responsible Individual:

Full Legal Name: _____ CA or QA Certification # (if applicable): _____
 (REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Work Mailing Address: _____
 _____ City: _____ State: _____ ZIP: _____

Work Physical Address: _____
 _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email: _____

I shall respond to the inquiries or concerns by the Director or the Director’s designee regarding compliance and ensure that all applicators for this political subdivision are certified in accordance with Arizona Revised Statutes and Arizona Administrative Codes.

By signing this document, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Responsible Individual’s Signature: _____ **Date:** _____