



# Arizona Department of Agriculture

Environmental Services Division  
1688 W. Adams Street, Phoenix, Arizona 85007  
(602) 542-3578 FAX (602) 542-0466

## **Cotton - Section 18 Application/Permit – Transform WG – 18AZ01**

Assn'd Permit No.: \_\_\_\_\_ Signature ADA Employee Issuing: \_\_\_\_\_ Date: \_\_\_\_\_  
-----*(Applicant do not write above this line)*-----

The US EPA has approved an emergency exemption for the use of Transform WG to control tarnished plant bugs (*Lygus spp.*) in cotton. **Pay attention to the AZ label for more restrictive pollinator protections. Sellers are required to see this permit in order to sell you this insecticide.**

Applicant Name: \_\_\_\_\_ Grower Permit Number: \_\_\_\_\_  
(PGP # must match up with permit # on submitted 1080s.)

Total Acres: \_\_\_\_\_  
*(Separate application needed for each grower.)*

*Total statewide acres limit is 150,000 – max. 4 apps. So please only include acres you intend to treat. When we reach 150,000 acres we will no longer issue permits. Thanks for your help.*

Name of Person Making Recommendation: \_\_\_\_\_ (If different than applicant.)

PCA License Number(s): \_\_\_\_\_  Check for grower self-recommendation

Criteria for Determining Emergency Exists: I declare that an emergency exists, or will exist, in the fields pesticide use is being requested based on the following: (choose one)  Loss of Transform use on cotton allowed Lygus populations to grow. Using Transform controls Lygus, helps with whitefly and works well in an IPM program to reduce unwanted pests while conserving the beneficials. Or  \_\_\_\_\_  
(write in your own)

### Check all that apply for who will be making the applications:

Custom Applicator Custom Applicator Number: \_\_\_\_\_  Private Applicator

All use will be reported on a 1080 to the Department, including grower self-applied Transform WG. All laws, rules and use directions on Section 18 and Section 3 labeling will be followed. The applicator will have the Section 18 and 3 labeling in their possession. Use will not start until June 1, 2018 and end by October 31, 2018. By signing below I agree to all the above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Completed form must be returned to [licensing@azda.gov](mailto:licensing@azda.gov), faxed or mailed)