

Sheridan County Weed & Pest Control District
2667 Aero Loop
Sheridan, WY 82801
(307)-672-3740

Permission for **Restricted Use Chemical Pick up Under a
Private or Commercial Applicator**

Date: _____

I _____ (landowner/lease holder), hereby grant permission for
_____ (individual picking up chemical) to sign for and pick up the
restricted use herbicides and/or pesticides under my applicator's license from the Sheridan
County Weed & Pest Control District in Sheridan, WY.

****All information is required***

Applicator

Applicator's License #: _____

Expiration Date: _____

Categories: _____

Print Name: _____

Mailing Address: _____

Phone Number: _____

Acres Owned/Leased: _____

Signature: _____

Non-certified Person

Print Name: _____

Driver's License #: _____

Mailing Address: _____

Phone Number: _____

Signature: _____