



Pesticide Sensitive Individual Application and Renewal

In accordance with [RCW 17.21.420](#), persons who are certified by a physician as pesticide sensitive may be added to a list maintained by the Washington State Department of Agriculture. Per [RCW 17.21.430](#) individuals on the list will be notified of certain pesticide applications made to properties that abut their principal place of residence.

Part I — Pesticide Sensitive Individual					
Last Name	First Name	Middle Initial	Phone Number	Email Address	
Physical Address		Apartment #	City	State	Zip Code
Mailing Address — if different than above			City	State	Zip Code
County of Residence	Is your residence located within a multi-family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the following:				
Manager / Owner Name		Phone Number	Apartment Complex Name — if applicable		
Physical Address		Apartment #	City	State	Zip Code
Based on the information provided, I request that my name be placed on the Washington State Department of Agriculture List of Pesticide Sensitive Individuals. I understand that this is an annual registration, and the list will expire each year on December 31. It is my responsibility to renew this registration, and to notify WSDA of any changes in my information.					
_____			_____		
Signature			Date		
The List of Pesticide Sensitive Individuals is distributed by January 1 and June 15 of each year to certified applicators likely to make landscape applications. If you register after distribution of the list, you may wish to notify certified applicators operating in your area.					
Part II — Abutting Properties					
The following properties abut (directly connect to) yours. DO NOT INCLUDE ADDRESSES ACROSS THE STREET FROM YOUR RESIDENCE. This portion must be completed to provide adequate notification of anticipated pesticide applications. Please attach additional pages if necessary. For Renewals: <input type="checkbox"/> Changes on abutting properties have occurred <input type="checkbox"/> No changes					
① Street Address		City	State	Zip Code	
Property Owner — Last Name		First Name	Phone Number		
② Street Address		City	State	Zip Code	
Property Owner — Last Name		First Name	Phone Number		
③ Street Address		City	State	Zip Code	
Property Owner — Last Name		First Name	Phone Number		

New Applicants: Please have your physician complete Part III, below. For Renewals, proceed to Part IV.

Pesticide Sensitive Individual Application, continued

Part III — Physician's Medical Certification — for New Applicants only; for Renewals , proceed to Part IV				
Physician's Name	Phone Number	Fax Number	Email Address	
Business Address	Suite #	City	State	Zip Code
<p>I currently hold a license to practice medicine in the state of Washington, and I certify that the above-named individual is sensitive to pesticides.</p> <p style="text-align: center;"> _____ _____ Signature Date </p>				
Part IV — Mailing				
<p>Please mail this completed form to:</p> <p style="margin-left: 40px;">WSDA Pesticide Management Division PO Box 42560 Olympia WA 98504-2560</p> <p>A copy will be returned to you with Part V completed to verify your name has been placed on the list.</p>				

Part V — WSDA Verification	
<p>Your receipt of this document is verification that your name has been placed on the Washington State Department of Agriculture List of Pesticide Sensitive Individuals. It is your responsibility to notify the department of any change in your address, telephone number, ownership of abutting property, or change in your pesticide sensitivity condition.</p>	
<p>_____</p> <p>WSDA Representative</p>	<p>_____</p> <p>Date Placed on Register</p>
<p>_____</p> <p>Identification Number</p>	<p>_____</p> <p>Expiration Date</p>

Information collected by WSDA becomes a public record and may be disclosed unless exempted by federal or state law.