

**BOARD OF PESTICIDES CONTROL  
APPLICATION FOR VARIANCE PERMIT  
(Pursuant to Chapter 29, Section 6 of the Board's Regulations)**

I. \_\_\_\_\_ (      )  
Name Telephone Number

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City State Zip

II. \_\_\_\_\_  
Master Applicator (if applicable) License Number

\_\_\_\_\_  
Address City State Zip

III. **As part of your application, please send digital photos showing the target site and/or plants and the surrounding area, particularly showing proximity to wetlands and water bodies, to [pesticides@maine.gov](mailto:pesticides@maine.gov)**

IV. Area(s) where pesticide will be applied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Pesticide(s) to be applied:  
\_\_\_\_\_  
\_\_\_\_\_

VI. Purpose of pesticide application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

