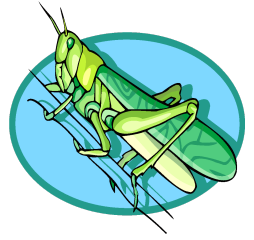




# CROOK COUNTY WEED AND PEST

PO Box 7  
802 S. 11<sup>th</sup> Street  
Sundance, WY 82729  
307-283-2375  
info@crookcountyweeds.com



Crook County Weed and Pest allows Private and Commercial applicator licenses holders to grant individuals access to pickup and/or deliver Restricted Chemicals under their name. Individuals that are granted access may be asked to show identification before leaving the building with the chemical. To give permission for the pickup and/or delivery of Restricted Chemicals one must fill out the following information.

**License Number** \_\_\_\_\_

**Applicator Name** - \_\_\_\_\_

**Address** - \_\_\_\_\_

**Phone** - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date** - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Given Permission to -

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Acknowledgement

I acknowledge that I will be held responsible for the people transporting the restricted chemical. I understand that I must comply with all of the Rules and Regulations of the Wyoming Weed and Pest Control Law Book.

\_\_\_\_\_  
Signature of applicator license

Date \_\_\_\_\_

\_\_\_\_\_  
Please Print your Name

\_\_\_\_\_  
Signature of Crook County Employee

