

APPLICATION FOR DETERMINATION OF TERMS AND CONDITIONS FOR RICE STRAW BURNING

Burn Year Commencing: September 1, 20_____

Application No. _____

THIS DOCUMENT IS NOT A PERMIT TO BURN

Grower Name: _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Bus. Ph# (____) _____ Home Ph# (____) _____ Fax# (____) _____ Mobile# (____) _____

Please list fields, or portions thereof, which you have found to be diseased. Use pesticide permit site id numbers where applicable. Attach an inspection report covering each field. The inspection report must include maps showing each field and noting areas of disease.

If a Pest Control Advisor prepared the report, give PCA Name _____ Lic. # _____ Cat: _____

Site ID (pesticide#)	Field Name (AQMD name)	Location (Attach maps/inspection reports)	Acres	Description of Disease(s)

Total Diseased Acreage _____

Total Planted Acreage _____

Percent of Total Planted Acreage _____

The above statements are true to the best of my knowledge. I affirm that I have not violated any provisions of the Rice Straw Burning Reduction Act (CH&SC Section 41865) within the previous three years. I authorize the Agricultural Commissioner to inspect the sites described above for the presence of rice diseases. I understand that this application is not a permit to burn rice straw. I intend to apply to the local Air Pollution Control Officer for a permit to burn these fields if this application is approved.

Signature of Applicant

Name of Applicant

Date

DETERMINATION OF TERMS AND CONDITIONS TO BE COMPLETED BY AGRICULTURAL COMMISSIONER

I find that: The fields above are specifically described.
 The applicant has not violated CH&SC Section 41865 within the last 3 years.
 There is significant presence of the above-described pathogen(s) in an amount sufficient to constitute a rice disease.
 The pathogen(s) will likely cause significant, quantifiable yield reduction in the current and/or next growing season.

Signature of Issuing Officer

Name of Agricultural Commissioner

Date: _____

County: _____

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