**Division of Agricultural Resources**
**Pesticide Applicator Licensing**
P.O. Box 7249 • Boise, Idaho 83707
P: 208.332.8600 • F: 208.334.3547
PesticideLicensing@isda.idaho.gov

# CHEMIGATION SYSTEM INVENTORY FORM

*All chemigation license holders must complete and submit this form as part of their licensing application.*

Please provide the name and location of all chemigation systems to be used during this licensing period. If you will not be chemigating during this licensing period, please provide comments below. Submit this form, along with your license application and applicable fees to: Idaho State Department of Agriculture, Pesticide Applicator Licensing, PO Box 7249, Boise, ID 83707.

***ATTACH ADDITIONAL PAGES IF NECESSARY***

System Name: _____

System Location (Address/GPS Coordinates): _____

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System Location (Address/GPS Coordinates): _____

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System Name: _____

System Location (Address/GPS Coordinates): _____

| **Comments:** | | |
|---|---|---|
| I certify that: | (1) All chemigation systems that I intend to use have been included on this form and the equipment and system that I plan to use for chemigation meets ISDA requirements.<br>(2) As the licensed chemigator, I am responsible for the chemigation sites listed on this form and will operate them according to the Idaho Rules Governing Pesticide and Chemigation Use and Application (IDAPA 02.03.03)<br>(3) The information included on this form, and any attachments, is correct. | |
| **Applicator Name** | **License No.** | **Phone No.** |
| **Applicator Signature** | | **Date** |