



Arizona Department of Agriculture

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466

Section 18 Application/Permit – Transform WG – 17AZ02

Assigned Permit # _____

Signature ADA Employee Issuing / Date _____

-----*(above this line department use only)*-----

The US EPA has approved an emergency exemption for the use of Tranform WG to control sugarcane aphid in sorghum. **Pay attention to the AZ label for more restrictive pollinator protections. Sellers are required to see this permit in order to sell you this insecticide.**

Applicant Name _____ Grower Permit # _____

Total Acres _____ *Total statewide acres limit is 26,000. So please only include acres you intend to treat. When we reach 26,000 acres we will no longer be able to issue permits. Thanks for your help.*

Name of Person Making Recommendation _____

PCA License # _____ *(check if grower self-recommendation)*

Criteria for Determining Emergency Exists: I declare that an emergency exists in the fields this use is being requested for based on the following:

Signature of PCA or Grower as Applicable _____

Check appropriate for applications:

___ Custom Applicator Custom Applicator # _____

___ Private Applicator

I agree to follow all directions, laws, and rules relating to the use and application of this pesticide. I agree to report all use on a 1080 to the Department, including grower self-applied Transform WG. When reporting the usage, on the 1080 form I will append the assigned permit number from above behind where I enter my grower permit number. I agree to follow all Section 18 labeling directions and understand the applicator must have both the Section 3 and 18 labels in their possession. (Please make sure the applicant names and 1080 submitted names agree.)

Signature of Applicant _____ Date _____

(Completed form must be returned to licensing@azda.gov, faxed or mailed)