

School Integrated Pest Management Act Compliance Certification Form



Name of School _____
PLEASE PRINT CLEARLY

Address _____
PLEASE PRINT CLEARLY

School Integrated Pest Management Coordinator _____
PLEASE PRINT CLEARLY

When a commercial pesticide applicator requests an integrated pest management coordinator to certify that the school has met the necessary notification and posting requirements for a pesticide application on school property, the signature of the integrated pest management coordinator on this form shall be required as a condition for the application of the pesticide.

Statement certifying compliance:

"I hereby certify that I am the School Integrated Pest Management Coordinator for the school named above, and further certify that this school has met all of the notification and posting requirements necessary for the following application of a pesticide other than a low impact pesticide, on this school's property."

Business or pesticide applicator performing the application: _____

Application date and time if indoor application: _____

If an outdoor application, three proposed dates in chronological order: _____

Description of application location (room number/name, specific playing field or outdoor location):

Pesticides to be used:

Integrated Pest Management Coordinator:

SIGNATURE DATE