



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Application to Re-Introduce Pesticides into State Waters

Please complete this form in accordance with section 22a-66z-1 RCSA and the [instructions](#) (DEEP-PEST-INST-201) in order to ensure the proper handling of your application. Print or type unless otherwise noted.

Your application must be received no later than **February 1st** of the year for which you are requesting to continue treatment or surrender the permit.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Aquatic Pesticides

Part I: Application Type

This application is to (check one):

Request treatment for one additional year under a current multi-year permit Surrender a Current Permit (\$0)

Current Permit Number: _____

Date Permit Issued: _____

Name of waterbody as it appears on the permit: _____

Town where the waterbody is located: _____

Part II: Fee Information

An application fee of \$200.00 [#1009] must be submitted with this application. There is no discount for municipalities. The application will not be approved without payment of the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection. There is no fee if the permit is being surrendered. [#2216]

Part III: Applicant Information

- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

If there are any changes or corrections to your company/facility or individual mailing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

Applicant Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext.: _____

Contact Person: _____ Phone: _____ ext. _____

*E-mail: _____

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part IV: Required Letters and Approval

Check the boxes below to indicate that you have obtained the required letters and approval and that such letters and approval are current and have not expired. You are not required to submit these documents unless requested by DEEP. Read the [instructions](#) (DEEP-PEST-INST-201) to determine if obtaining these letters and approval are required for your specific activity. If a letter or approval is not required, check "Not Applicable".

<input type="checkbox"/> A current NDDDB Determination response letter.	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Check here if this is a new NDDDB Determination response letter that was not required at the time the current multi-year permit was issued. By checking this box you certify that you will comply with all recommendations made in the letter.	
<input type="checkbox"/> A current DEEP Land Management Unit Authorization letter for treatment of a state-owned or controlled waterbody and/or use of a state-owned boat launch.	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A current Approval under the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides	<input type="checkbox"/> Not Applicable

Part V: Application Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that there can be no further chemical treatment under my current multi-year permit until I have paid the \$200.00 application fee and I have received confirmation of receipt from the Department regarding this application.

Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit this completed Application Form and Fee (if applicable) to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127