EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114 617-626-1700 fax: 617-626-1850 www.mass.gov/agr



CHARLES D. BAKER Governor KARYN E. POLITO Lt. Governor KATHLEEN A. THEOHARIDES Secretary JOHN LEBEAUX Commissioner

Request For Exclusion of Wide Area Application of Pesticides or to Opt Out of Aerial Spray or Other Wide Area Emergency Operations

Pursuant to 333 CMR 13.03, any private property owner or individual in lawful control of a property may request exclusion from wide area applications of pesticides. This includes applications performed by the Mosquito Control Project/District that may provide services in your city/town or any area in the Commonwealth. Requests must be made to the Department of Agricultural Resources in accordance with 333 CMR13.03 and will go into effect fourteen (14) days from the date the request is made. All exclusion requests expire on December 31st of the calendar year in which it was made.

Pursuant to M.G.L. c. 252, Section 2A, any property owner may opt out of aerial spraying or other wide area emergency operations performed by the State Reclamation and Mosquito Control Board in any area in the Commonwealth in the same manner as set forth in 333 CMR 13.03. Requests may be only be made by the property owner and must be made to the Department of Agricultural Resources in accordance with 333 CMR13.03 will go into effect fourteen (14) days from the date the request is made. All requests to opt out expire on December 31st of the calendar year in which it was made.

A. Date of	f Request		
Day	Month	Year	
s. Proper	rty Owner and Location Inform	ation	
Name of Reque	ester (Must have lawful control an	d applies to exclusion requests	under 333 CMR 13.03 only)
Name of Prope	erty Owner (If Tenant, you MUST	complete Section D below)	
Street Address		City/Town	County
City/Town Par	cel Identification Number (ONLY	required if no dwelling or a st	reet address)

Email	Address					
Street	P.O. Box		City/Town		State	Zip Code
C.	Mailing Address (if d	ifferent than above)				
Street	P.O. Box		City/Town		State	Zip Code
D.	If Tenant, you MUST considered complete. 2A.	provide Landlord nan Tenants may not subm	ne and contact i it a request to o	nformation fo pt out under	r your appli M.G.L. c. 25	cation to be 2, Section
Landle	ord Name					
Street	P.O. Box		City/Town		State	Zip Code
Telepl	none Number					
Home			Cell Phone/Oth	ner		
E.	Exclusion Request (33	3 CMR 13.03)				
Requ	esting exclusion from:	Adulticide*			only if area la	
F.	Opt Out Request (M.C	G.L. c. 252, Section 2A				
Requ	esting exclusion from:	Aerial Spray		Wide Area (Operations	

Pursuant to 333 CMR 13.03(3) and M.G.L. c. 252, Section 2A, I understand that requests for exclusions or opt outs shall not be honored if:

^{*}Adulticides are pesticides designed to control adult flying insects. Mosquito adulticide treatments are Ultra Low Volume (ULV) and are usually applied using truck based sprayers. These applications provide immediate short term relief from pestiferous mosquitoes and/or mosquitoes that carry disease.

^{*}Larvicides prevent adult mosquito emergence by targeting mosquitos in their immature larval stage. Granular and liquid larvicides are usually applied by hand or aircraft directly to stagnant water containing these immature mosquitoes. The majority of District larvicide applications to wetlands in Massachusetts are made using naturally occurring bacteria such as *Bacillus thuringiensis israelensis* (Bti). Applications of larvicides can effectively reduce future area-wide adulticide applications.

- (a) The request is not made in accordance with 333 CMR 13.03;
- (b) The Commissioner of Public Health has certified that the application is to be made to protect the Public Health;
- (c) The Commissioner of the Department of Conservation and Recreation has certified that the application is necessary to contain an infestation of a recently introduced pest; or
- (d) The Commissioner of the Department of Agricultural Resources has certified that the application is necessary to contain an infestation of a pest which is a significant threat to agriculture.

I hereby certify under the penalties of perjury that the information submit is true and accurate and submitted for its intended purpose and that I am the property owner or lawful tenant and am authorized to submit this request under 333 CMR 13.03 or that I am the property owner and authorized to submit this request under M.G.L. c. 252, Section 2A.

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Signature		