

Request to Treat Under Permit



Please fill out the top portion of this form then submit to the Saginaw Bay CISMA with attached herbicide label (PDF or Image) at sbcisma@gmail.com or 4490 W. M-61 Standish, MI 48658



Permitting Information

Applicant Information:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Treatment Site Information:

Target Species: _____ Proposed treatment date: _____
Name of herbicide to be used: _____ Active Ingredient: _____
Name of Surfactant or additive: _____
Address (or coordinates): _____ Treatment area size: _____
County: _____ City: _____ Township: _____

I confirm that the information listed above is accurate. I understand that by performing treatment under this permit I am responsible for treating in a manner consistent with the permit and herbicide label.

Name of applicant Signature Date

This request for inclusion under the Saginaw Bay CISMA's aquatic invasive species permit has been reviewed and accepted by:

Name of CISMA Representative Signature Date

Treatment Information

When approved, this form will be returned to you. Please fill out the bottom of this form on the day of treatment before applying and return the form upon completion of treatment.

Name of person(s) applying herbicide: _____
Date of Treatment: _____ Start Time: _____ End Time: _____

Weather Conditions:

Temperature: _____ Wind Speed: _____ Wind Direction: _____
%Humidity: _____ Sky conditions (Cloudy, Sunny, etc.): _____

Treatment Details:

Amount and name of herbicide: _____ Herbicide Active ingredient: _____
Dilution rate (oz/gal): _____ Method used (Backpack spray, hand spray, etc.) _____
Additives used: _____ Size of area treated: _____

Were there any problems, issues during treatment? If so, describe. _____

I confirm that the treatment was performed under the conditions detailed above.

Name of applicant Signature Date