

West Nile Virus (WNV) Larvicide Training To Obtain A West Nile Virus Permit
Department of Agricultural Resources (MDAR) Information Form For Each Person

Complete this form to let MDAR know if your municipality (or you as an individual) are interested in attending WNV training session. **Then, FAX it to MARK S. BUFFONE at (617) 626-1850** or mail it to him at the Department of Agricultural Resources, 251 Causeway Street, Suite 500, Boston, MA 02114-2151 or e-mail it to mark.buffone@state.ma.us

IMPORTANT: Each person registering for training must list contact and regular licensed person. Each municipality must designate **only 1** West Nile Virus contact person and a fully (regular) licensed individual must be available for each municipality in the event of larvicide emergencies.

WNV CONTACT PERSON INFORMATION (PRINT CLEARLY)

Contact Person Name _____

Title of Contact Person _____

Department/Organization you work for _____

Mailing Address _____

City/State/Zip Code _____

Phone _____ FAX _____

REGULAR LICENSE HOLDER (PRINT CLEARLY)

Name OF PERSON AND PESTICIDE CERTIFICATION OR LICENSE NUMBER of the person who holds a regular pesticide license

PERSON WHO WANTS A WNV PERMIT (PRINT CLEARLY)

First Name, MI, Last Name of person taking training and test _____

Your Home Address _____

City/Town/Zip _____

Name of Department they work for _____

Work Mailing Address _____

City/Town, State, Zip _____

FOR OFFICE USE ONLY

TEST DATE _____ PASS/FAIL _____ PERMIT # _____

DEPT # _____ TOWN ID # _____ TOWN/CITY _____