



Department of Agricultural Resources

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CHARLES D. BAKER
Governor

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Lt. Governor

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Secretary

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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 Request

Day Month Year

B. Property Owner and Location Information

Name of Requester (Must have lawful control and applies to exclusion requests under 333 CMR 13.03 only)

Name of Property Owner (If Tenant, you MUST complete Section D below)

Street Address City/Town County

City/Town Parcel Identification Number (ONLY required if no dwelling or a street address)

Telephone Number Cell Phone/Other

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**C. Mailing Address (if different than above)**

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**D. If Tenant, you MUST provide Landlord name and contact information for your application to be considered complete. Tenants may not submit a request to opt out under M.G.L. c. 252, Section 2A.**

\_\_\_\_\_  
Landlord Name

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell Phone/Other

**E. Exclusion Request (333 CMR 13.03)**

Requesting exclusion from:  Adulticide\*

Larvicide\* (only if area larvicide is applied is one acre or more)

**F. Opt Out Request (M.G.L. c. 252, Section 2A)**

Requesting exclusion from:  Aerial Spray

Wide Area Operations

\*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.

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:

- (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