The Tennessee Department of Agriculture requires that all Pesticide Investigation Requests be submitted in written form by completing and submitting this form. You are authorizing the Department to conduct a pesticide investigation to determine if a violation of the Federal Insecticide, Fungicide, and Rodenticide Act, Tennessee Insecticide, Fungicide, and Rodenticide Act and/or the Tennessee Application of Pesticides has occurred. The investigation may require an inspection of your property, examination and copying of pertinent documents or the collection of written statements and samples.

PLEASE PRINT OR TYPE

__________________________________________          ____________________________________________
your name                                               name of applicator or company representative

__________________________________________          ____________________________________________
company applying the pesticide (write OTHER if private individual)  company address

(are) company phone  ____________________________________________
(address) address of property in question, if other than your address

_________________________ _____________________________
pesticide(s) involved (blank if unknown)  pest(s) to be controlled

Complete only if the investigation request involves wholesale/retail sale, manufacture, shipment, or warehousing of a pesticide:

__________________________________________          ____________________________________________
establishment name  manager’s name or contact person

__________________________________________          ____________________________________________
establishment address  city/state/zip

pesticide(s) in question  -  please list EPA registration number if known

CONTINUE ON BACK OF FORM
Use the space provided to describe the reason(s) for the Pesticide Investigation Request. You may attach additional sheets if necessary. Please include copies of pertinent documents such as contracts, service tickets, cancelled checks (front and back), letters, diagrams or photographs.

The information given above is true to the best of my knowledge and belief. I authorize the Tennessee Department of Agriculture to use this information in conducting this investigation.

Signed ___________________________________________ Date ____________________

For office use only

Date received: ________________ Date assigned: ________________ Complaint No.: __________________________

AG-0568