



# New York City Local Law 37 AGENCY WAIVER FORM

Submission: original resubmission

Agency Applying \_\_\_\_\_

Contact at Agency:

Name _____
Title _____
Address _____
Phone _____ e-mail _____

Product for which waiver is requested:

Trade Name _____
Active Ingredient(s) _____
EPA Registration Number _____
Proposed method of application _____

Name of Target Pest(s) \_\_\_\_\_

Address(es) of Proposed Application \_\_\_\_\_

This application is for (check one):

<input type="checkbox"/> a one-time use (state approx. date _____)
<input type="checkbox"/> multiple applications (state number and approx. dates _____)
<input type="checkbox"/> a term up to one year (state term _____)

This application will be performed by  agency staff  pest control contractor other

Name of contractor (if applicable) \_\_\_\_\_

**Attach a sheet with your responses to the following:**

1. How extensive is the infestation? If you have monitoring data, please describe or attach it.
2. How large an area or how many units/buildings are affected?
3. Describe the site(s), its users, and its occupants.
4. Describe any physical damage to the site resulting from, or health hazard posed by, the infestation.
5. Describe the specific locations on the site where the pesticide would be applied.
6. How long has infestation been a problem?
7. What are the underlying causes of the infestation and what steps have been taken to address them (e.g. water sources, garbage sources, disrepair etc.)?
8. What products or alternatives have already been tried and when were they tried?
9. Why were alternatives unsuccessful?
10. Describe the process by which alternatives were researched.
11. Describe alternatives that were considered and rejected, and why.
12. What steps will be taken to prevent future infestation and need for a waiver?

Form Submitted by _____
Signature _____
Date Submitted _____