



MDA PESTICIDE INFORMATION SHEET

Maryland Department of Agriculture, Pesticide Regulation Section
50 Harry S. Truman Parkway, Annapolis, Maryland 21401
Telephone: (410)841-5710 FAX: (410)841-2765 Internet: www.mda.maryland.gov

No. 12

PESTICIDE SENSITIVE INDIVIDUAL NOTIFICATION PROGRAM

In 1988, Regulations pertaining to the Pesticide Applicators Law were amended to establish requirements for notifying pesticide sensitive individuals about certain pesticide applications. At that time, Maryland was the third state in the nation to implement this type of program. Currently, there are ten states in the United States, including Maryland, that have provisions for maintaining a list of individuals that are sensitive to pesticides so that they may receive notification of pesticide applications.

Maryland's regulations require all businesses and public agencies licensed or permitted by the Maryland Department of Agriculture (MDA) to perform Ornamental and Turf Pest Control (Category 3) to notify registered pesticide sensitive individuals prior to pesticide applications made to properties adjacent or contiguous to their residences. Telephone contact the day before the scheduled pesticide application is encouraged so the pesticide sensitive individual can make any necessary arrangements to avoid exposure. However, notification the morning of the planned pesticide application by means of telephone, in person, or written notice delivered to the listed individual is acceptable. If the person cannot be contacted prior to the application, the licensee or permittee is required to leave a written notice at the individual's residence that provides the date and location of the pesticide application. If the pesticide application was not performed for one reason or another and is rescheduled, the licensee or permittee is required to renotify the individual prior to the pesticide application.

There is no fee for registration as a pesticide sensitive individual. In order to be included on the notification list, an individual must submit to MDA an application (attached) that has been signed by a physician. In addition, the physician must document that the person is either sensitive to certain pesticides or has a diagnosed condition or ailment and should not be exposed to pesticides. In addition, the following information must be provided:

- The applicant's name, address, and telephone number(s) where he or she can be reached during the day or evening hours;

- The names and addresses of property owners, whose properties are on either side, directly behind or across from the applicant's property. **NOTE:** *MDA cannot list properties other than ones that meet these conditions;*
- The physician must complete and sign Part 3 of the application;
- The application must be submitted to the MDA at the address listed below; and
- MDA must be notified in writing if there is any address change.

MDA compiles a list of the pesticide sensitive individuals for distribution to all licensees and permittees authorized to perform ornamental and turf pest control services. The list is arranged by county and further broken down by an alphabetical listing of the listed individuals. The list also includes the registered individual's address, telephone numbers, and the names and addresses of contiguous or adjacent property owners. This initial list is mailed in February of each year and an updated list is mailed each summer. If an application for inclusion on the list is received after either of the mailings, and pesticide applications are being performed to ornamental or turf areas on adjacent properties, MDA will inform the appropriate firm or public agency about the addition of a new individual to the list, if MDA is provided with the name of the firm or agency making the pesticide applications. The list is updated each year. A renewal is mailed each winter to each sensitive individual that was registered the previous year in order to verify that person wishes to remain on the list and to obtain any changes to the list. Upon receipt of the renewal, the individual's name will be added to the new listing.

Provisions for the enforcement of this program are also administered by MDA. If a pesticide application is performed and the sensitive individual is not notified, MDA should be contacted (see telephone number listed below) so the incident can be investigated in an effort to prevent a similar circumstance from happening in the future. However, MDA cannot prevent a neighbor from contracting for pest control services to their property. It is MDA's responsibility to ensure that pesticides are applied by competent individuals. In addition, each licensed firm and public agency is required to apply a pesticide in accordance with product label directions and to ensure that the pesticide is being applied to the intended site.

If you have further questions contact:

MARYLAND DEPARTMENT OF AGRICULTURE
PESTICIDE REGULATION SECTION
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ANNAPOLIS, MARYLAND 21401
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MARYLAND DEPARTMENT OF AGRICULTURE
Office of Plant Industries and Pest Management
Pesticide Regulation Section
50 Harry S. Truman Parkway
Annapolis, Maryland 21401
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FAX: (410)841-2765

**APPLICATION FOR REGISTRATION
AS A PESTICIDE SENSITIVE
INDIVIDUAL**

FOR DEPARTMENTAL USE ONLY
DATE RECEIVED: _____
DATE PROCESSED: _____

I hereby request that my name be placed on the list of pesticide sensitive individuals.

(Please print or type)

1. **NAME:** _____

2. **PERMANENT HOME ADDRESS:**

Street	City	County	

State	Zip Code	Day Telephone	Night Telephone

3. **PHYSICIAN'S CERTIFICATION:**

I certify that the individual named above is a patient of mine and should be placed on the list of pesticide sensitive individuals. This individual has a documented sensitivity to certain pesticides and should not be exposed to them because of the reason(s) described below:

Physician's Name	Street Address of Office		

City	State	Zip Code	County

_____	_____	_____
Telephone	Signature	Date

4. **OWNERS OF CONTIGUOUS PROPERTIES:**

(i.e., properties on either side of, across from, or behind the applicant's residence)

a. _____
Name Street Address

City State Zip Code

b. _____
Name Street Address

City State Zip Code

c. _____
Name Street Address

City State Zip Code

d. _____
Name Street Address

City State Zip Code

e. _____
Name Street Address

City State Zip Code

ATTACH ADDITIONAL SHEET IF NECESSARY

5. **SIGNATURE:** _____
Signature of Applicant Date

Public Information Notice

In order to be registered with the Maryland Department of Agriculture as a pesticide sensitive individual, you must complete this departmental application form. This application form is used to determine whether you qualify to be registered. You have the right to inspect, amend or correct the application you submit. The information contained in this application may be subject to public inspection under the Maryland Public Information Act. This information will be routinely shared with certain pest control licensees or permittees who will notify you before applying pesticides on property next to yours. This information will not be routinely shared with State, Federal or Local government agencies.