April 22, 2021

Dear Herbicide Applicator:

As of May 25, 2006, a new rule went into effect concerning the use of certain herbicides in Greer, Harmon, Kiowa, Jackson, and Tillman Counties. A copy of this new rule is enclosed. This rule does not prohibit the use of these herbicides. The rule lists specific herbicides by their active ingredient. You will need to look closely at the herbicides you use to determine if they apply. Your pesticide dealer or County Extension Educator can help if you are not sure. If you need to apply the regulated herbicides from May 1 through October 15th, you will need to notify the Department of Agriculture, Food and Forestry of your intent to make the application on the approved Notification form, and after the application is made then a copy of the application records will need to be sent to the Department.

NOTIFICATION OF INTENT TO USE HERBICIDE IN THE RESTRICTED AREA

Commercial Companies using this form should provide their company license number, and the certification number of the Certified Applicator, along with the name and address of the company. Farmers making their own application need to provide their Private applicators number if they have one. The name and address of the farmer / rancher for whom the application will be made needs to be filled in completely. Complete the legal description of the land to be sprayed along with the total number of acres to be sprayed. The trade name of the herbicide (as it appears on the label) being used, and the dates you intend to spray. If you are unable to spray within the fourteen days, notify the Department on the Herbicide Use Form that no application was made and send another notification.

HERBICIDE USE REPORT

Once the herbicide application has been made the Herbicide Use Report needs to be sent to the Department within seven working days. In addition to repeating the information found on the Notification form the date of application including the start and stop times need to be entered. If more than one date is needed to complete the application then all dates and times need to be listed or additional forms need to be submitted. The EPA Reg. Number and any Restricted Entry Intervals are found on the herbicide label. Dilution rate is the amount of concentrate per the number of gallons of water (i.e., 1qt per 100 gallons).

SUBMITTING THE FORMS

The forms are available on the Departments web site: https://ag.ok.gov/pesticides/. You can email (preferred), fax, or mail in the completed forms.

SEND TO:

Damardray Williams
ODAFF / CPS
2800 N. Lincoln Blvd.
Oklahoma City, OK 73105

damardray.williams@ag.ok.gov

Fax: (405) 522-0625
Effective May 25, 2006

TITLE 35. OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY
CHAPTER 30. PLANT INDUSTRY
SUBCHAPTER 17. COMBINED PESTICIDE
PART 11. STANDARDS FOR APPLICATION OF PESTICIDE

35:30-17-24.1. Restricted use areas

(a) Applications of products containing 2,4-D esters or dicamba as an active ingredient to agricultural lands shall not be made in Greer, Harmon, and Kiowa counties between 12:01 a.m. of May 1 of each calendar year through 11:59 p.m. of October 15 of each calendar year except in accordance with the provisions of this section.

(b) Applications of products containing 2,4-D, dicamba, picloram, triclopyr, or clopyralid as an active ingredient to agricultural lands shall not be made in Jackson and Tillman counties between 12:01 a.m. of May 1 of each calendar year through 11:59 p.m. of October 15 of each calendar year except in accordance with the provisions of this section.

(c) Any person intending to apply any of the herbicides listed in subsection (a) or (b) in the counties and during the times prohibited shall adhere to the following procedure:

(1) The person shall notify the Department of the intent to apply herbicides listed in subsection (a) or (b) prior to the application on a form provided by the Department.

(2) The person shall file a report with the Department on a form provided by the Department no later than seven (7) working days after the last application date provided in the original notification of the herbicide use.

(d) Failure to comply with this section shall be considered a use that is not suitable or safe.

(e) All records and notifications required by this section shall be in addition to any records required to be maintained by a commercial applicator pursuant to other rules.

(f) The provisions of this section shall not apply to applications of 2,4-DB.
NOTIFICATION OF INTENT TO USE HERBICIDES IN THE
RESTRICTED AREA

COMPANY OR INDIVIDUAL
MAKING APPLICATION

COMPANY LICENSE # ________________________________

CERTIFIED APPLICATOR # ____________________________

PRIVATE APPLICATOR # ______________________________

Name:___________________________________________  Name:___________________________________________
Street:___________________________________________  Street:___________________________________________
City:______________________________________________  City:______________________________________________
State:_______Zip: ________  State:_______Zip: ________
Phone: (_____ ) ______- ______  Phone: (_____ ) ______- ______

Legal Description of site to be sprayed: ____________ ____________ S ____________ T ____________ R ____________ W I.M.

Total # of Acres to be sprayed: ____________________

I will be applying __________________________________

HERBICIDE(S)

between the dates of __________________ and __________________ (Fourteen (14) days maximum).

When the application has been made I will complete the “Herbicide Use Report” and send it to the Oklahoma Department of Agriculture, Food and Forestry within seven (7) days. If the application cannot safely be made within these projected dates I will send an “Herbicide Use Report” to the Department stating no application was made and reapply if necessary.

____________________________________  __________________________________
SIGNATURE  DATE

SEND TO:

Damardray Williams
ODAFF / CPS
2800 N. Lincoln Blvd.
Oklahoma City, OK 73105

damardray.williams@ag.ok.gov

Fax: (405) 522-0625
**HERBICIDE USE REPORT**

COMPANY OR INDIVIDUAL WHO MADE THE APPLICATION  
FARMER/RANCHER FOR WHOM THE APPLICATION WAS MADE

COMPANY LICENSE #:  
CERTIFIED APPLICATOR #:  
PRIVATE APPLICATOR #:  
NO APPLICATION MADE: [ ]

Name:  
Name:  
Street:  
Street:  
City:  
City:  
State:  Zip:  
State:  Zip:  

Phone: (____)______-______  
Phone: (____)______-______

Date of Application:  
Time: Start______Stop______

Target Weed(s):  
Crop Sprayed:  
Legal Description of site Sprayed  
Total Acres Sprayed:  

S T R W I.M.

<table>
<thead>
<tr>
<th>Herbicide 1</th>
<th>Herbicide 2</th>
<th>Herbicide 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Name:</td>
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<td>Trade Name:</td>
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<tr>
<td>EPA Reg. #</td>
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<tr>
<td>Rate per Acre:</td>
<td>Rate per Acre:</td>
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<tr>
<td>Total Concentrate Used:</td>
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<td>Total Concentrate Used:</td>
</tr>
<tr>
<td>Dilution Rate Used:</td>
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</tr>
<tr>
<td>Restricted Entry Interval:</td>
<td>Restricted Entry Interval:</td>
<td>Restricted Entry Interval:</td>
</tr>
</tbody>
</table>

Total Tank Mix used: _______ Gallons  
SEND TO: Damardray Williams  
ODAFF / CPS  
2800 N. Lincoln Blvd.  
Oklahoma City, OK 73105  
damardray.williams@ag.ok.gov  
Fax (405) 522-0625

This is a true and accurate record of the herbicide application.

________________________   ______________________
SIGNATURE           DATE