AEMS099
Rev. 5/2017

Oklahoma Department of Agriculture, Food, and Forestry

Notice of Termination (NOT) of Coverage Under the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

Electronic Submission Waiver (skip if submitting through ODAFF's eNOI system)

☐ I hereby acknowledge my waiver request from the use of ODAFF's electronic Notice of Intent system (eNOI) because my use of eNOI will incur undue burden or expense over my use of this paper NOT form, or if eNOI is otherwise unavailable.

Briefly describe the reason why use of the electronic system causes undue burden or expense.

_____

_____

_____

A. Notice of Intent Status

1. AgPDES Permit Number:_____
2. Reason for termination (check one only):
   - ☐ You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
   - ☐ You have obtained permit coverage under an AgPDES individual permit or alternative AgPDES general permit for all pesticide discharges requiring AgPDES permit coverage.
   - ☐ A new operator has taken over decision-making responsibility for the pest control activities covered under an existing NOI. Provide the transfer date and the new operator information.

   New Operator Name:_____ Date of Transfer:_____

   Street:_____ City:_____ State:_____ ZIP Code:_____

   Telephone:_____ Ext_____ E-mail:_____

B. Operator Information

1. Operator Name: _____
2. IRS Employer Identification Number (EIN): _____
3. Mailing Address:

   Street:_____ City:_____ State:_____ ZIP Code:_____

   Telephone:_____ Ext_____ Fax:_____

   Contact Name:_____ E-mail:_____

C. Certification

I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section A above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to Waters of the U.S.. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide operator from liability for any violations of the Clean Water Act.

Printed Name:_____ Title:_____

E-mail:_____ Phone:_____

Signature/Responsible Official:_____ Date:_____

NOT Preparer (Complete if NOT was prepared by someone other than the certifier)

Preparer Name:_____ Organization:_____

E-mail:_____ Phone:_____

Signature:_____ Date:_____