

## **Pesticide Hypersensitivity Registration Information**

### **What is the Pesticide Hypersensitivity Registry?**

The Pennsylvania Department of Agriculture (PDA) maintains a registry of individuals hypersensitive to pesticides. It is a listing of locations for people who have been verified by a physician to be excessively or abnormally sensitive to pesticides. These hypersensitive individuals may request to have listings of their home, place of employment, school (if a student), and vacation home placed in the Registry. A person will not be considered included in the Registry unless their name appears in the current published Registry.

The Registry is distributed to all commercial and public pesticide businesses on March 1<sup>st</sup> and July 15<sup>th</sup> each year. The pesticide application businesses are required to notify any person in the most recent registry if they will be making an application to an attached structure or outdoor above ground pesticide application within 500 feet of any listed location.

### **What are the Notification Requirements?**

Once you are listed in the Registry, pesticide businesses are required to make notifications to you 12 to 72 hours in advance of any pesticide application to an attached structure or an outdoor above ground application that they may make within 500 feet of any location that you have listed in the Registry. The notification may be made by speaking to an adult through personal contact, by telephone contact, leaving a message on your answering device, by certified mail, by posting a notice on the front door at the listed location or speaking to an adult at the alternate phone number you listed in the Registry.

The business must provide you their: business name, address, telephone number, the pesticide brand name and common name (if available), EPA Registration number of the pesticide, the location of the application and the proposed date and time of the application. The proposed application time may not exceed a 24-hour period.

**Remember: A listing in the Registry does not prevent the pesticide application from being made.**

### **How Do You Have Your Name Listed in the Hypersensitivity Registry?**

Obtain an application which is available online at: <http://www.agriculture.pa.gov/Protect/PlantIndustry> from your local pesticide businesses, or by contacting any PDA Office (listed on the back). Make arrangements with someone to be your alternate contact point. This person must be willing to receive calls when applicators cannot contact you directly and forward the information on to you. Complete the application using your legal address as your primary residence, daytime, nighttime and alternate telephone numbers. You must complete all required blocks or the application will be returned.

See your Pennsylvania licensed physician to have Part II of the form completed and signed. You may also wish to discuss what protective measures you need to take to protect your health in the event an application is made near you. Review your application for completeness and return it to: PA Department of Agriculture, Bureau of Plant Industry, 2301 N. Cameron St., Harrisburg, PA 17110-9408.

Before your name appears in the Registry, the information as it will be published will be mailed to you for your review for completeness and accuracy and requires your final approval. Because the Registry is a public document, the information you provide is considered public information. By submitting the application for publication you are granting the Department the right to publish your information in printed or electronic media.

## What Can I Do Until My Listing Appears in the Registry?

You can contact your neighbors, explain your situation and ask them to voluntarily notify you of applications they might make (the Registry only applies to applications made by commercial and public applicators, not to persons making pesticide applications to their own property). If they employ a pesticide application business, ask the name of the company, so you could write the business with a request to be notified pending the next publication of the Registry.

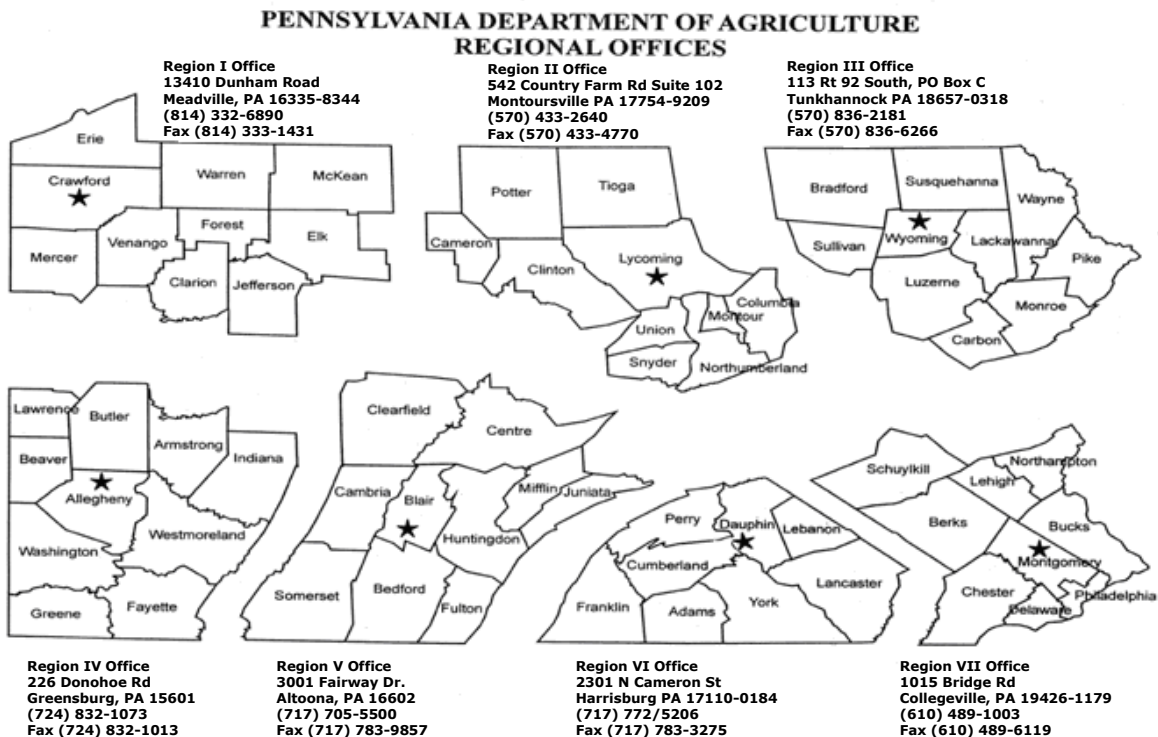
## How Do You Stay Listed in the Registry?

PDA will mail you a renewal application in October. You must review the information for accuracy and completeness, sign and return the application to PDA by November 30<sup>th</sup>. (You are not required to obtain a new medical verification for renewal.) **Should you not return the renewal application, your information will be removed from the Registry.** Should your information listed in the Registry change during the year you must notify PDA in writing of the changes to insure the accuracy in the next publication of the Registry.

## What if I am not Notified of a Pesticide Application After My Listing is in the Registry?

Once your listing is in the Registry, should a commercial or public pesticide applicator make pesticide application within 500 feet of your listing and fail to provide the required prior notification, we suggest the following:

Personally contact the applicator. Explain that you are listed in the Hypersensitivity Registry and need to be notified of pesticide applications. Contact the PDA Regional Office in your area and ask to speak to an Agronomics Products Inspector. They will record the information regarding your complaint and assist you in the appropriate manor. It is helpful if you can provide the company name and the "BU" number displayed on the side of the service vehicle along with the location of the application.





<b>C. Secondary Location</b> – Name and Street Address for <b>School</b>			<b>City</b> (Post Office)
<b>Municipality</b> (Twp. Boro or City)	<b>State</b> <b>PA</b>	<b>Zip + 4</b>	<b>County</b>
<b>Your Telephone Numbers</b> (If Different than A. above. Include Area Codes) (Day) _____ (Night) _____ (Alternate) _____			<b>GPS Location (office use)</b>

<b>D. Secondary Location</b> – Name and Street Address for <b>Employer</b>			<b>City</b> (Post Office)
<b>Municipality</b> (Twp. Boro or City)	<b>State</b> <b>PA</b>	<b>Zip + 4</b>	<b>County</b>
<b>Your Telephone Numbers</b> (If Different than A. above. Include Area Codes) (Day) _____ (Night) _____ (Alternate) _____			<b>GPS Location (office use)</b>

<b>Part II – Medical Verification.</b> (Medical verification information must be completed by a Pennsylvania licensed medical doctor and is only required for <u>initial</u> application only.)	
I certify that I am licensed to practice medicine in the Commonwealth of Pennsylvania and the above named individual is a patient of mine and has been evaluated as being hypersensitive to pesticide exposure thereto. I recommend that their name be placed in the registry of pesticide hypersensitive individuals.	
_____ <b>Physician's Signature</b>	_____ <b>Date</b>
<b>Please Print or Type Information</b>	
Physician's Name (Last) _____ (First) _____ (M.I.) M.D/ D.O.	PA Medical License Number _____
Office Address: City, State, Zip Code _____	
Telephone _____	

Return the completed form to: PA Department of Agriculture  
Bureau of Plant Industry – Hypersensitivity  
2301 North Cameron St.  
Harrisburg, PA 17110-9408  
Phone 717-772-5231

**Pennsylvania Department of Agriculture  
Registry of Pesticide Hypersensitive Individuals  
Application**



For Office Use Only

\_\_\_ Initial Application (Parts I & II)

**Directions:** Part I & II of the application must be completed for the individual's name to be placed in the Registry. All information for each location you wish listed must be completed (all boxes) or the application will be returned. The **required** "Alternate Telephone Number" is an individual willing to accept calls and forward information to you. Part II is not required for annual renewals.

**Part I – To be completed by the Hypersensitive Individual** \_\_\_ Renewal (Part 1 only)

I hereby request to have my name placed in the Pennsylvania Pesticide Hypersensitive Registry. I understand that the application information and the Hypersensitivity Registry are considered public documents and waive all rights to privacy pertaining to the information contained on this application or listed in the Pesticide Hypersensitivity Registry. I hereby give my permission to the Pennsylvania Department of Agriculture to publish this information and place it in full public view through printed and electronic media.

\_\_\_\_\_  
**\*Signature** (Parent or legal guardian must sign for minor child) **\*Date**

**Please Print or Type Information**

<b>*Name</b> (Last)	(First)	(M.I.)	(Suffix)	<b>Date of Birth</b> ____/____/____	*Male ____ *Female ____
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<b>*A. Primary Residence (Home)</b> (Must be a street address) different			*Mailing address if		
<b>*City</b> (Post Office)	<b>*Municipality</b> (Twp. Boro or City)	<b>*State PA</b>	<b>*Zip + 4</b>		
<b>*County</b>	<b>*Telephone Numbers</b> (Include Area Codes) (*Night) (*Day)		(*Alternate)		
<b>E-mail Address</b> (Optional)	<b>* Denotes Required Information</b>		<b>GPS Location (office use)</b>		

**Please complete the following for secondary locations that you would like to have listed in the Registry. These locations are limited to: Vacation Home, School (where you are a student), and place of employment.**

<b>B. Secondary Location – Street Address for Vacation Home</b>			<b>City</b> (Post Office)		
<b>Municipality</b> (Twp. Boro or City)	<b>State PA</b>	<b>Zip + 4</b>	<b>County</b>		
<b>Your Telephone Numbers</b> (if Different than A. above. Include Area Codes) (Day) (Night) (Alternate)			<b>GPS Location (office use)</b>		

**The Medical Verification information on the back of this sheet must be completed for Initial applications only.**

<b>C. Secondary Location</b> – Name and Street Address for <b>School</b>			<b>City</b> (Post Office)
<b>Municipality</b> (Twp. Boro or City)	<b>State</b> <b>PA</b>	<b>Zip + 4</b>	<b>County</b>
<b>Your Telephone Numbers</b> (If Different than A. above. Include Area Codes) (Day) _____ (Night) _____ (Alternate) _____			<b>GPS Location (office use)</b>

<b>D. Secondary Location</b> – Name and Street Address for <b>Employer</b>			<b>City</b> (Post Office)
<b>Municipality</b> (Twp. Boro or City)	<b>State</b> <b>PA</b>	<b>Zip + 4</b>	<b>County</b>
<b>Your Telephone Numbers</b> (If Different than A. above. Include Area Codes) (Day) _____ (Night) _____ (Alternate) _____			<b>GPS Location (office use)</b>

<b>Part II – Medical Verification.</b> (Medical verification information must be completed by a Pennsylvania licensed medical doctor and is only required for <u>initial</u> application only.)	
I certify that I am licensed to practice medicine in the Commonwealth of Pennsylvania and the above named individual is a patient of mine and has been evaluated as being hypersensitive to pesticide exposure thereto. I recommend that their name be placed in the registry of pesticide hypersensitive individuals.	
_____ <b>Physician's Signature</b>	_____ <b>Date</b>
<b>Please Print or Type Information</b>	
Physician's Name (Last) _____ (First) _____ (M.I.) M.D/ D.O.	PA Medical License Number _____
Office Address: City, State, Zip Code _____	
Telephone _____	

Return the completed form to: PA Department of Agriculture  
Bureau of Plant Industry – Hypersensitivity  
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Harrisburg, PA 17110-9408  
Phone 717-772-5231