



State of West Virginia  
**Department of Agriculture**  
Kent Leonhardt, Commissioner

## **Registry of Pesticide Hypersensitive Individuals**

The Pesticide Control Act of 1990 authorizes the establishment of registry individuals who may have health sensitivity to drift of pesticides, which may occur because of pesticide application near an individual's residence, or place of business. The regulations, which establish the registry, became effective January 19, 1991.

To be placed on the West Virginia registry, an individual must complete the Registry of Pesticide Hypersensitive Individuals Application. Upon receipt of the completed application, the name and address of the individual is recorded on the registry to be maintained by the West Virginia Department of Agriculture. The names of individuals on the registry are distributed, on a periodic basis, to all pesticide application businesses. The Health Sensitivity Registry is available by contacting the West Virginia Department of Agriculture. Businesses may then notify individuals listed on the registry before the application of pesticides when such applications might result in pesticide drift onto the health sensitive individual's property.

Notification to the health sensitive individual by a pesticide applicator is voluntary. The registry does not guarantee that pesticides will not be applied near your property. The registry provides the sensitive individual a link with the pesticide applicator and provides an early warning of imminent, nearby pesticide applications.

*Note: Complete both parts of the form on the reverse side in order for an individual's name to be placed on the registry. Return the completed application to:*

**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**  
**Pesticide & Environmental Services Division**  
1900 Kanawha Blvd., East  
Charleston, WV 25305-0190  
304-558-2209



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**Registry of Pesticide Hypersensitive Individuals Application**

I REQUEST MY NAME TO BE PLACED ON THE REGISTRY OF WEST VIRGINIA RESIDENTS HYPERSENSITIVE TO PESTICIDE SPRAYS. I UNDERSTAND THIS REGISTRY LIST WILL BE PROVIDED, AT PREDETERMINED INTERVALS, TO ALL PESTICIDE APPLICATION BUSINESSES FOR THE PURPOSE OF VOLUNTARY NOTIFICATION TO HYPERSENSITIVE INDIVIDUALS OF ANTICIPATED PESTICIDE APPLICATIONS THAT MAY CAUSE DRIFT NEAR THEIR RESIDENCE.

**PLEASE PRINT OR TYPE INFORMATION**

**PART 1 – HYPERSENSITIVE INDIVIDUAL**

Name (Last, First, Middle)		Age (optional)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary residence – street address:				
City:		State:	Zip Code:	County:
Home Phone:	Cell:	E-mail address:		
<b>Please complete the following if you have a secondary residence in West Virginia used for a substantial period during the year.</b>				
Secondary residence – street address:				
City:		State:	Zip Code:	County:
Secondary residence phone:		Period of time used:		
Signature _____			Date _____	
<i>Parent or Guardian may sign for minor children.</i>				

**PART 2 – Medical Verification – TO BE COMPLETED BY YOUR PHYSICIAN**

I CERTIFY THAT THE ABOVE INDIVIDUAL IS A PATIENT OF MINE AND WAS EVALUATED AS HYPERSENSITIVE TO PESTICIDES AND EXPOSURE THERETO. I RECOMMEND HIS/HER NAME BE PLACED ON A STATE REGISTRY OF PESTICIDE HYPERSENSITIVE INDIVIDUALS.

Physician's Name				
Office address:				
City:		State:	Zip Code:	County:
Office phone:				
Physician's signature _____			Date _____	