

THIS IS A TWO SIDED DOCUMENT



**Adirondack
Park Agency**

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APA General Permit **2014G-1B**

Application to Use General Permit
2014G-1B to Manage Terrestrial
Invasive Species in or Impacting
Wetlands in the Adirondack Park

Instructions: Please answer all of the questions in each section and submit the application and any attachments in person, by email to APASubmissions@apa.ny.gov, or by mail to the Deputy Director of Regulatory Programs (DDRP), Adirondack Park Agency at the above address. You may attach additional sheets if necessary.

Section A - Applicability

General Permit 2014G-1B authorizes the conditional undertaking of regulated activities incidental to the management of terrestrial invasive species in or potentially impacting wetlands in the Adirondack Park. The persons authorized to use General Permit 2014G-1B (Authorized Users) are designated by the DDRP. This application is to be used by persons seeking to become eligible to use GP2014G-1B. The information requested below will allow the DDRP to evaluate an applicant for inclusion on the Agency's Authorized Users of GP2014G-1B list (Authorized Users list).

Section B - Applicant Information

Name, mailing address, telephone number, and email address of person seeking to be included on the Authorized Users list:

Organization officers (if applicable):

Organization mission statement (if applicable):

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Please describe the applicant's intent and/or purpose for managing terrestrial invasive species in or potentially impacting wetlands in the Adirondack Park:

Section C – Qualified Representative Information

The qualified representative is the person responsible for overseeing the management of terrestrial invasive species on behalf of the applicant. The qualified representative must have satisfactory experience and/or training in the identification and management of terrestrial invasive species.

Please be aware that if the applicant is approved to be included on the Authorized Users list and the person designated as the qualified representative changes, the applicant will need to re-submit this application to the Agency.

Name, mailing address, telephone number, and e-mail address of qualified representative:

List and document the qualified representative's experience in managing terrestrial invasive species, especially in regard to the species listed below as targeted for management by the applicant:

List and document the qualified representative's training in managing terrestrial invasive species. Please include specific licenses (including a valid current DEC-issued pesticide applicator license), certifications, documentation of attendance, and copies of training materials for invasive species/herbicide/pesticide related trainings as appropriate:

Section D – Non-Chemical Management Activity

List all species targeted for management:

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Provide information on the non-chemical control methods and management equipment to be used:

Section E – Herbicide Applications

List all species targeted for herbicide application:

Provide information on the herbicide application methods, herbicide products, and application equipment to be used:

Section F – Pesticide Applications

List all species targeted for pesticide application:

Provide information on the pesticide application methods, pesticide products, and application equipment to be used:

Section G – Applicant Certification

By signing this application, the applicant:

- a. confirms that the information contained in the application is true, accurate and complete;
- b. agrees that if the applicant is determined to be eligible to use APA General Permit 2014G-1B, the applicant is responsible for ensuring the qualified representative listed in the application complies with all of the conditions listed in APA General Permit 2014G-1B, including submission of an annual report to the Agency.
- c. agrees that if the applicant has been determined to be ineligible to use APA General Permit 2014G-1B:
 1. the appropriate major permit application must be submitted to the Agency and a permit issued before a regulated management activity can be undertaken;

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2. the time period for review for completeness of any subsequent application for an individual permit will not begin to run until the Agency has received the individual permit application.

Please sign below indicating that the applicant has read and is responsible for all conditions in General Permit 2014G-1B.

X _____
Signature of Applicant
_____ Date
_____ Title

December 2020

DRAFT