Certification of Compliance with the Children's and Families' Protection Act

I certify that the following school/daycare has complied fully with the Children's and Families' Protection Act requirements for outdoor applications for mosquito control

School/Daycare Name:		
Street Address:		
City/Town:		
Your name:	(please print clearly)	
Phone number:		
I hereby certify that the scho	ool/day care listed above has met the following requirements:	
 described. (IF REQUIRED): The some before the application used insecticide specific fact is to reverse 911) to notify application and direct notification will be posted capability of viewing the The school has received The notification form will post application. The school/daycare will which shall remain posted The school/daycare will control Project to be kepted. 	d the pesticide label If the posted in a central location prior to the application and for post the property with warning signs immediately prior to the	orking days etin and an em (similar prior to the ard written without the or 72 hours application s. Mosquito
Signed.		
	Title:	
Please fax signed document to CMMCP at (508) 393-8492		
FOR OFFICE USE ONLY:		
Application received date: _	By:	

This certification shall be placed in the CPA Compliance file for the appropriate year of application