VOLUNTARY STATEMENT

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
PESTICIDE DIVISION
SFN 10398 (3-99)

Name			Age
Address	City	State	Zip Code

I, the above named individual, volunteer the following information of my own free will, for whatever purposes it may serve. I am about to make this information known to_____.

I have read each page of this statement consisting of _____ page(s). Each page bears my signature; and corrections, if any, bear my initials. I certify that all statements contained herein are true and correct.

Dated at _____, this _____ day of _____ 20 _____.

_____ Witness

_____ Signature of Person Giving Voluntary Statement

_____ Witness

White - State Office Copy Yellow - Inspector's Copy Pink - Affiant's Copy