



Request for Additional Pesticide(s)

Pesticide Operator Licence # _____

Reason for request

Please complete the box below with information regarding pesticide(s) requested for addition to pesticide operator licence.

Trade Name	PCP Number	Estimate of Quantity to be used

Date: _____ Signature: _____

Please submit this request form to the address below or fax it to # (709)729-6969

**Pesticides Enforcement and Licensing Specialist
Department of Environment and Climate Change
Pesticides Control Section
P.O. Box 8700
St. John's, NL
A1B 4J6**