

Government of Newfoundland and Labrador **Department of Environment & Climate Change**

Privacy Notice

Under the authority of the *Environmental Protection Act SNL 2002 cE-14.2*, personal information will be collected for the purpose of enforcing the *Pesticides Control Regulations 2012*. This allows the **Department of Environment and Climate Change** to disclose personal information to other Federal and Provincial Departments and Agencies.

Notice: Please be advised that, in accordance with Government's Proactive Disclosure Initiative, your licence will be posted online subject to any exceptions to disclosure provided under the Access to Information and Protection of Privacy Act, 2015.

APPLICATION FOR A PESTICIDE OPERATOR LICENCE

UNDER THE ENVIRONMENTAL PROTECTION ACT SNL 2002 cE-14.2

	Name of Company:			
	Name(s) Company Traded under:			
	Operations Supervisor:			
	Address:			
	Telephone: Fax:			
	E-mail:			
	Has an operator licence been held previously? Yes □ No			
	Previous operator licence number:			
Name(s) of individuals who will be applying pesticides and their correspondi Pesticide Applicator Licence Numbers.				
	APPLICATOR NAME APPLICATOR LICENCE NUMBER	B		
-				

6. Nature of Operation [check [Y] appropriate description(s)]					
Class:					
Aerial □ Fumigation □ Structural □	Agriculture □ Greenhouse □ Special □	Biting Fly Ind. Vegetation		Forestry □ Landscape □	
7. Nature of Operation					
8. Location(s) of p	proposed pesticide ε	applications:			
*NOTE: If applicable, photocopies of topographic maps of a scale 1:50,000 clearly indicating spray areas should accompany all applications.					
9. Proposed d	9. Proposed dates of application:				
10. Rate of app	. Rate of application:				
11. Method of application:					
12. Protective clothing to be used by applicator(s):					
Mixing and loading:					
Application:					

13. Complete the form below listing all pesticides you have in storage and any new pesticides you wish to use this year.

Chemical or Trade Name	PCP Number	Classification ¹	Formulation ²	Estimate of Quantity to be used

 $[\]begin{array}{ll} 1.\ D = Domestic; & C(I) = Commercial\ (Industrial); & C(A) = Commercial\ (Agricultural); & R = Restricted \\ M = Manufacturing & \end{array}$

^{2.} D = Dust; DF = Dry Flowable; EC = Emulsifiable Concentrate; F = Flowable; G = Granular; P = Pellet; S = Solution; Sc = Sprayable Concentrate; Sn = Active Solution; SP = Soluble Powders; WDG = Water Dispersible Granules; WP = Wettable Powders; WS = Water Soluble Concentrate

14. Record all information regarding vehicles used for pesticide applications below.

(Follow the example below to complete this form) $\,$

Year	Make	Model	Licence Plate Number

Year	Make	Model	Licence Plate Number
1998	Dodge	Ram 4X4	CJW 664
2002	Chevy	Cargo Van	CHZ 388
2006	Ford	Ranger	WNE 579

15.	If aircraft are to be used, please complete this section.					
	(A) Type of aircraft:					
	Fixed wing:					
	Helicopter:					
	(B) Model of aircraft:	,				
	(C) Total number of aircraft to be used in the operation:					
	(D) Owner of aircraft:					
	E) Base airport:					
	(F) If the applicant is a contractor, list the name and address of the client and the client's contact person:	d				
E C	roof of Insurance coverage pursuant to <i>Section 23</i> of the <i>Pesticides Control egulations 2012</i> must be received by the Pesticides Control Section before a licent n be issued. The operator's insurance company must complete the attached ertificate of Insurance and faxed (709)-729-6969 or mailed to the address listed of enext page.					

17. A fee of \$ 750.00 in the form of a cheque or money order must be submitted with this application. Make the cheque or money order payable to the **Newfoundland Exchequer Account** and write **Revenue Account No. 1218-500-4140-2764** on the cheque or money order to facilitate processing. A receipt from Central Cashier indicating that payment has been received will also be accepted. Cash payments **will not** be accepted.

Signature:		Position Title:	
Date:			
This application, including all accompanying maps, must be sent to:			

I hereby certify that the information provided in this application is accurate, to the best of

my knowledge.

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

Note: Incomplete applications will not be accepted. All information must be provided to the Pesticides Control Section on all appropriate forms. Incomplete applications will be returned to the sender.