



Government of Newfoundland and Labrador
Department of Environment, Conservation and
Climate Change

Annual Pesticide Use Summary

Company Name: _____

Pesticide Operator Licence #: _____

Year ending December 31, _____

Name of company/companies from whom you purchased pesticides:

Pesticide Trade Name	PCP #	Classification	Quantity Purchased	Quantity Used

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

Date: _____ Signature: _____

This application must be sent to the address below or faxed to 709-729-6969:

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