



Government of Newfoundland and Labrador
Department of Environment and 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

1. Name of Company: _____

Name(s) Company Traded under: _____

Operations Supervisor: _____

2. Address: _____

3. Telephone: _____ Fax: _____

E-mail: _____

4. Has an operator licence been held previously? Yes No

Previous operator licence number: _____

5. Name(s) of individuals who will be applying pesticides and their corresponding Pesticide Applicator Licence Numbers.

APPLICATOR NAME

APPLICATOR LICENCE NUMBER

6. Nature of Operation [check [] appropriate description(s)]

Class:

Aerial Agriculture Biting Fly Forestry
Fumigation Greenhouse Ind. Vegetation Landscape
Structural Sea Lice Control in Salmon Aquaculture Special

7. Nature of Operation

8. Location(s) of proposed pesticide applications: _____

*NOTE: If applicable, photocopies of topographic maps of a scale 1:50,000 clearly indicating spray areas should accompany all applications.

9. Proposed dates of application: _____

10. 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.

1. D = Domestic; C(I) = Commercial (Industrial); C(A) = Commercial (Agricultural); R = Restricted
M = Manufacturing

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
1998	Dodge	Ram 4X4	CJW 664
2002	Chevy	Cargo Van	CHZ 388
2006	Ford	Ranger	WNE 579

* Companies which do not apply or transport pesticides need not complete this section.

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:

16. Proof of Insurance coverage pursuant to *Section 23 of the Pesticides Control Regulations 2012* must be received by the Pesticides Control Section before a licence can be issued. The operator's insurance company must complete the attached Certificate of Insurance and faxed (709)-729-6969 or mailed to the address listed on the next 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 **ENV-Pesticide Licence** in memo section on the cheque or money order to facilitate processing. A receipt from Central Cashier indicating that payment has been received will also be accepted. The Cashiers phone number is 709-729-3042. Cash payments **will not** be accepted.

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

Signature: _____ Position Title: _____

Date: _____

This application, including all accompanying maps, must be sent to:

**Pesticides 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.