



Government of Newfoundland and Labrador
Department of Environment, Conservation 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, Conservation 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.

[illegible]

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

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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:

**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**

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