

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

Class:

- | | | | | | | | |
|------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|-----------|--------------------------|
| Aerial | <input type="checkbox"/> | Agriculture | <input type="checkbox"/> | Biting Fly | <input type="checkbox"/> | Forestry | <input type="checkbox"/> |
| Fumigation | <input type="checkbox"/> | Greenhouse | <input type="checkbox"/> | Ind. Vegetation | <input type="checkbox"/> | Landscape | <input type="checkbox"/> |
| Structural | <input type="checkbox"/> | Special | <input type="checkbox"/> | | | | |

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: _____

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 **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.

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
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.