



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

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8. Location(s) of proposed pesticide applications: \_\_\_\_\_

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\*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: \_\_\_\_\_

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Application: \_\_\_\_\_

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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. 1760-500-57L0-2764** 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 Municipal Affairs and Environment  
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.**