

Saskatchewan

Pesticide Applicator Licence Application Form



Inspection and
Regulatory Management
Phone (306) 787-4662

Please read instructions before completing this application form. All sections of the form must be completed before a licence can be issued. Please print legibly. If all sections are not completed, the form will be returned to you.

Note: This form may also be used by licensed applicators to obtain additional licence categories. If the application form is being used for this purpose, **no payment is required.**

INSTRUCTIONS

1. **Name:** The name of the person who will be applying pesticides.
2. **Mailing Address:** The address to which all future correspondence will be sent.
3. (a) **Telephone Numbers:** Please include both business and home phone numbers, as well as the area code.
(b) **Birth Date:** Indicate the day, month and year.
(c) **Rural Municipality:** Number of the Rural Municipality in which your mailing address is located.
4. **Business Name & Pesticide Service Licence Number:** Business/employer name and service licence number for whom you apply pesticides.
5. **Pesticide Applicator Training Courses:** List the pesticide applicator training course(s) you have completed in the past four years (**attach a photocopy of certificate(s)**). **An approved training course must be completed before applying for a licence.**
6. **Category of Pesticide Applicator Licenses:** Saskatchewan pesticide applicator licenses are divided into categories as indicated in Table 1. For each class of licence for which you are applying, please indicate:
 - (a) The licence category (see Table 1).
 - (b) List other provinces or states for which you hold a valid permit or licence to apply pesticides (for the equivalent type of pest control), indicate the permit/licence number and attach photocopy(s). Use the abbreviations as follows:

BC	British Columbia	PQ	Quebec	PE	Prince Edward Island
AB	Alberta	NS	Nova Scotia	NT	Northwest Territories
MB	Manitoba	NB	New Brunswick	YT	Yukon
ON	Ontario	NF	Newfoundland		

 For the U.S., use standard state abbreviations as listed in telephone directory.
 - (c) If applying for an **Aerial** licence, indicate your Pilot Licence Number.
7. **Spray Equipment:** Indicate the type, model, capacity and year of the equipment you will be using to apply pesticides, if applicable (i.e. Cessna Ag Wagon, Easy Rider or Backpack Sprayers).
8. **Confidentiality of Your File:** Saskatchewan Agriculture, Food and Rural Revitalization will not release your name and address to non-government agencies without your permission. The Department may be asked by non-government agencies, firms or individuals to provide lists of licensed pesticide applicators (i.e. pesticide manufacturers/dealers, municipalities, pesticide equipment retailers, etc.). If you would like your name and address released, please check the "yes" box. If not, check "no".
9. **Date and Signature:** Page 1 of the form must be signed and dated by the person requesting the licence. Once you have completed all sections on this form, forward page 1 along with a photocopy of approved training and the licence fee of **\$20.00 (cheque or money order payable to: Minister of Finance)** to:

Saskatchewan Agriculture, Food and Rural Revitalization
Inspection and Regulatory Management Branch
Room 231-3085 Albert Street
REGINA SK S4S 0B1

(All sections of this form must be completed, otherwise it will be returned to you. Do not send cash in the mail).

TABLE 1 Categories of Pesticide Applicator Licenses

Agriculture: authorizes the use of pesticides by ground application for the production of agricultural crops and livestock.
Aquatic: authorizes the use of herbicides by surface application for the control of weeds, in standing or running water or in areas left exposed during periods of low water.
Forestry: authorizes the use of pesticides by ground application in forest management operations.
Greenhouse: authorizes the use of pesticides in greenhouses or on areas immediately surrounding greenhouses.
Industrial: authorizes the use of herbicides by ground application for controlling weeds on non-agricultural land and noxious weeds on private and public lands.
Landscape: authorizes the use of pesticides by ground application for the maintenance of ornamental trees, shrubs, flowers and turf on outdoor residential commercial or public land.
Mosquito and Biting Fly: authorizes the use of insecticides by ground application for control of mosquitoes or biting flies.

Fumigation: authorizes the use of fumigants for soil fumigation, within enclosed structures or under sheets.
Structural: authorizes the use of pesticides other than herbicides or fumigants for the prevention or control of pests in or around structures, including the use of rodenticides on public or private land.
Aerial: authorizes the application of pesticides by aircraft to forest lands, non-agricultural land, agricultural land and bodies of water for mosquito and biting fly control.
Special: authorizes activities to be specified in the licence:
Commercial Seed Treatment: authorizes the application of pesticides for commercial seed treatment.
Ag Grain Fumigation: authorizes the limited use of fumigants for the control of insects in stored grain as part of grain storage management.
Rat Control: authorizes the use of rodenticides in or around buildings or structures for the control of mice and rats.
Problem Wildlife Control – for Government of Saskatchewan employees only.

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Agriculture, Food
and Rural
Revitalization

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SURNAME _____	GIVEN NAMES _____
ADDRESS _____	HOME PHONE (____) _____
_____	Area Code _____
PROVINCE _____	BUSINESS PHONE (____) _____
POSTAL CODE _____	Area Code _____
BIRTH DATE _____	RM NUMBER _____
	D M Y
BUSINESS NAME/EMPLOYER _____	SERVICE LICENCE NUMBER _____

TRAINING COURSES YOU HAVE COMPLETED WITHIN THE PREVIOUS FOUR YEARS (Attach Copies of Certificate(s))

Date	Name of Course	Offered By
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____

CLASS OF PESTICIDE APPLICATOR LICENCE

(a) Category(s) of license(s) for which you are applying. (Check only those for which you have attached proof of training).

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Mosquito & Biting Fly	Special: <input type="checkbox"/> Commercial Seed Treatment <input type="checkbox"/> Ag Grain Fumigation <input type="checkbox"/> Rat Control <input type="checkbox"/> Problem Wildlife Control
<input type="checkbox"/> Aquatic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Fumigation	
<input type="checkbox"/> Forestry	<input type="checkbox"/> Landscape	<input type="checkbox"/> Structural	
		<input type="checkbox"/> Aerial	

(b) Equivalent Non-Saskatchewan Licence (attach a photocopy) _____

(c) Pilot Licence Number (only if applying for Aerial) _____

SPRAY EQUIPMENT

_____ _____ _____

Indicate whether the government may have permission to release your name. YES NO

Do you presently hold a valid Saskatchewan Pesticide Applicator Licence. YES NO

I hereby am requesting a licence to apply pesticides for hire or reward pursuant to Section 10 of The Pest Control Products (Sask.) Act and agree to provide my services in a safe manner and in compliance with The Pest Control Products (Sask.) Act and Regulations.

_____	_____
Date of Request	Signature of Applicant



SURNAME _____		GIVEN NAMES _____	
ADDRESS _____		HOME PHONE (_____) _____	Area Code _____
_____		BUSINESS PHONE (_____) _____	Area Code _____
PROVINCE _____	POSTAL CODE _____	BIRTH DATE _____	RM NUMBER _____
BUSINESS NAME/EMPLOYER _____		D _____ M _____ Y _____	SERVICE LICENCE NUMBER _____

TRAINING COURSES YOU HAVE COMPLETED WITHIN THE PREVIOUS FOUR YEARS (Attach Copies of Certificate(s))

Date	Name of Course	Offered By
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____
____/____/____ da mo yr	_____	_____

CLASS OF PESTICIDE APPLICATOR LICENCE

(c) Category(s) of license(s) for which you are applying. (Check only those for which you have attached proof of training).

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Mosquito & Biting Fly	Special: <input type="checkbox"/> Commercial Seed Treatment <input type="checkbox"/> Ag Grain Fumigation <input type="checkbox"/> Rat Control <input type="checkbox"/> Problem Wildlife Control
<input type="checkbox"/> Aquatic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Fumigation	
<input type="checkbox"/> Forestry	<input type="checkbox"/> Landscape	<input type="checkbox"/> Structural	
		<input type="checkbox"/> Aerial	

(d) Equivalent Non-Saskatchewan Licence (attach a photocopy) _____

(e) Pilot Licence Number (only if applying for Aerial) _____

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