



Please read instruction before completing this application form. All sections of the form must be completed before a licence can be issued. Please print legibly.

Instructions

1. **Business name:** The business name.
2. **Name of owner:** The name of the owner of the business.
3. **In care of:** The name of the manager or individual in charge.
4. **Mailing address:** The address to which all future correspondence will be sent.
5. **Telephone number:** Indicate the business phone number.
6. **Number of locations:** Indicate the number of offices/outlets offering a pesticide application service.
7. **Type of Service**
 - A. Indicate the type of service(s) offered.

NOTE: Businesses/operators offering aerial pesticide applicator services must ensure that a certificate of insurance covering drift is submitted to Saskatchewan Agriculture, Food and Rural Revitalization before a Service Licence can be issued.
 - B. Indicate whether the certificate is submitted separately or with this application form.

Pesticide Service Location(s): Indicate the location and phone number of each office/outlet along with the name of the pesticide applicator(s) employed at that location and their Saskatchewan Pesticide Applicator Licence number(s).

8. **Date and Signature:** Page 1 of the form must be signed and dated by the person requesting the licence (i.e. person in charge or manager or business owner). Once you have completed the form, forward page 1 along with the licence fee of \$20.00 to:
**Saskatchewan Agriculture, Food
and Rural Revitalization
Room 231 – 3085 Albert Street
Regina, Saskatchewan S4S 0B1**

Please make your cheque or money order payable to the MINISTER OF FINANCE.

DO NOT send cash in the mail.



1. Business Name _____
2. Business Owner _____
3. Business Manager:
Surname _____ Given Name _____
4. Business Address _____ Town/City _____
Province _____ Postal Code _____
5. Business Phone () _____ RM Number _____
6. Number of locations in Saskatchewan. _____
7. Type of Service being offered:
A. Agriculture Mosquito and Biting fly Aquatic Fumigation
 Forestry Structural Greenhouse Industrial Landscape
 Special Rat Control Commercial Seed Treatment

B. Aerial – **certificate of drift Insurance required:** Submitted under separate cover
 Accompanying application form

Pesticide Service # 1

Location _____ Business Phone _____

(i) Pesticide Applicator Name _____ Licence No. _____
(ii) Pesticide Applicator Name _____ Licence No. _____
(iii) Pesticide Applicator Name _____ Licence No. _____

Pesticide Service # 2

Location _____ Business Phone _____

(i) Pesticide Applicator Name _____ Licence No. _____
(ii) Pesticide Applicator Name _____ Licence No. _____
(iii) Pesticide Applicator Name _____ Licence No. _____

Pesticide Service # 3

Location _____ Business Phone _____

(i) Pesticide Applicator Name _____ Licence No. _____
(ii) Pesticide Applicator Name _____ Licence No. _____
(iii) Pesticide Applicator Name _____ Licence No. _____

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8. I hereby am requesting a licence 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



1. Business Name _____
2. Business Owner _____
3. Business Manager:
Surname _____ Given Name _____
4. Business Address _____ Town/City _____
Province _____ Postal Code _____
5. Business Phone () _____ RM Number _____
6. Number of locations in Saskatchewan. _____
7. Type of Service being offered:
A. Agriculture Mosquito and Biting fly Aquatic Fumigation
 Forestry Structural Greenhouse Industrial Landscape
 Special Rat Control Commercial Seed Treatment

B. Aerial – **certificate of drift Insurance required:** Submitted under separate cover
 Accompanying application form

Pesticide Service # 1

Location _____ Business Phone _____

(i) Pesticide Applicator Name _____ Licence No. _____
(ii) Pesticide Applicator Name _____ Licence No. _____
(iii) Pesticide Applicator Name _____ Licence No. _____

Pesticide Service # 2

Location _____ Business Phone _____

(i) Pesticide Applicator Name _____ Licence No. _____
(ii) Pesticide Applicator Name _____ Licence No. _____
(iii) Pesticide Applicator Name _____ Licence No. _____

Pesticide Service # 3

Location _____ Business Phone _____

(i) Pesticide Applicator Name _____ Licence No. _____
(ii) Pesticide Applicator Name _____ Licence No. _____
(iii) Pesticide Applicator Name _____ Licence No. _____

8. I hereby am requesting a licence 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