



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.

**Note:**

- If more than one outlet is maintained for the sale of pesticides, a separate licence is required for each outlet.
- Every holder of a Pesticide Vendor Licence must employ at least one dispenser at each outlet.

### INSTRUCTIONS

1. **Company name:** The business name of the vendor outlet.
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. **Business mailing address:** The address to which all future correspondence will be sent.
5. **Telephone number:** Indicate the business phone number.
6. **Warehouse registration number:** To operate a storage facility in Saskatchewan a warehouse registration number is required by the *Hazardous Substances and Waste Dangerous Goods Regulation*. This number is on the storage facility permit issued by Saskatchewan Environment and is not the certification number from the Agri-chemical Warehousing Standards Association (AWSA).  
**Note:** If unsure of your warehouse registration number or for more information, contact Saskatchewan Environment at (306) 787-6169.
7. **Pesticide dispenser(s):**
  - (a) **Name:** The name of the person(s) dispensing pesticides.
  - (b) **Birth date:** Indicate the day, month and year.
  - (c) **Pesticide training course:** List the pesticide training course(s) completed in the past four years (attach a photocopy of the certificate). An approved training course must be completed before applying for a licence.
  - (d) **Training date:** Indicate the day, month and year.
  - (e) **Name of training institution:** i.e. SIAST
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 vendors. If you would like your business 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 (i.e. person in charge or manager or business owner). Once you have completed all sections on this form, forward page 1, along with a photocopy of the approved training course and the licence fee of \$50.00 to:

Saskatchewan Agriculture, Food and Rural Revitalization  
Inspection and Regulatory Management Branch  
Room 231 - 3085 Albert Street  
Regina, SK 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 Names \_\_\_\_\_

4. Business Address \_\_\_\_\_ Town/City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

5. Business Phone ( ) \_\_\_\_\_ RM Number \_\_\_\_\_

6. Warehouse registration number \_\_\_\_\_

7. Pesticide dispenser(s)

(a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(c) **Training course:** \_\_\_\_\_ (d) Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(e) Offered by \_\_\_\_\_

---

(a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(c) **Training course:** \_\_\_\_\_ (d) Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(e) Offered by \_\_\_\_\_

---

(a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(c) **Training course:** \_\_\_\_\_ (d) Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(e) Offered by \_\_\_\_\_

---

a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(c) **Training course:** \_\_\_\_\_ (d) Date \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(e) Offered by \_\_\_\_\_

8. Indicate whether the government may have permission to release your business name.  Yes  No

9. 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 Names \_\_\_\_\_

4. Business Address \_\_\_\_\_ Town/City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

5. Business Phone ( ) \_\_\_\_\_ RM Number \_\_\_\_\_

8. Warehouse registration number \_\_\_\_\_

9. Pesticide dispenser(s)

(a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_  
Day Month Year

(c) Training course: \_\_\_\_\_ (d) Date \_\_\_\_\_  
Day Month Year

(e) Offered by \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_  
Day Month Year

(c) Training course: \_\_\_\_\_ (d) Date \_\_\_\_\_  
Day Month Year

(e) Offered by \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_  
Day Month Year

(c) Training course: \_\_\_\_\_ (d) Date \_\_\_\_\_  
Day Month Year

(e) Offered by \_\_\_\_\_

a) Name \_\_\_\_\_ (b) Birth Date \_\_\_\_\_  
Day Month Year

(c) Training course: \_\_\_\_\_ (d) Date \_\_\_\_\_  
Day Month Year

(e) Offered by \_\_\_\_\_

8. Indicate whether the government may have permission to release your business name.  Yes  No

9. 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