



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

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.
 - (a) **Telephone Numbers** – Please include business and home phone numbers, as well as the area code.
 - (b) **Birth Date** – Indicate the day, month and year.
 - (c) **Rural Municipality Number** – Number of the Rural Municipality in which your mailing address is located.
 - (d) **Business Name** – The name of your business or employer for whom you apply pesticides (if applicable).
 - (e) **Pesticide Applicator Training Course** – List the pesticide applicator training course(s) you completed in the past 5 years (attach a photocopy of certificate. **An approved training course must be completed before applying for a certificate.**
 - (f) **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 certified 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”.
 - (g) **Date and Signature** – The form must be signed and dated by the person requesting the certificate. Once you have completed all sections, return this form, copy of proof of training and the \$20.00 fee to the address listed below. Cheque or money order should be made payable to: **Minister of Finance** (DO NOT SEND CASH IN THE MAIL).

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

Surname _____	Given Names _____
Address _____ _____	Home Phone () _____ - _____
	Business Phone () _____ - _____
Province _____ Postal Code _____	Birth Date D M Y RM Number _____
Business Name or Employer _____ (If Applicable)	

PESTICIDE TRAINING COURSES YOU HAVE COMPLETED WITHIN THE PREVIOUS FIVE YEARS
(Attach Copies of Certificates)

Date	Name of Course	Offered By	Permit Use														
<table style="margin: auto;"> <tr><td style="border: none;">Mo</td><td style="border: none;">Yr</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">Mo</td><td style="border: none;">Yr</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> </table>	Mo	Yr	_____	_____	Mo	Yr	_____	_____	<table style="margin: auto;"> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td></tr> </table>	_____	_____	<table style="margin: auto;"> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td></tr> </table>	_____	_____	<table style="margin: auto;"> <tr><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td></tr> </table>	_____	_____
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Indicate if the government may have permission to release your name YES NO

I am hereby requesting a certificate pursuant to the PRIVATE (FARMER) PESTICIDE TRAINING AND CERTIFICATION POLICY

Date of Request
Signature of Applicant