Application for Applicator's Licence Under the Pesticides and Fertilizers Control Act



Licence Year: Janu	ary 1, 2015 to December 31,	2015	FOR OFFICE USE ONLY:
Please ensure all information is correct:			Date Rec'd #D or #A x \$100 =\$
			Cash Chq SAP
NAME.			Core:
COMPANY:			Insurance: Liability □ In Effect □
ADDRESS:			Return: Process:
CITY:	PROV: POST. CODE: _		
PHONE:	FAX:		<u> </u>
BIRTH DATE: Year	Month Day EMAIL:		
I am applying for a lie	cense in this category(s)		
Category	Certification Year	Category	Certification Year
Agricultural Ground		Mosquito	
Aerial		Industrial	
Seed Treatment		Rural Municipal	
Forestry Golf Course		Structural Landscape	
Golf Course/Landscape		Landscape Landscape IPM	
Greenhouse		Stored Ag	
Other		Produc	
Equipment being used (f	on Acuial Applicators only MIS	T DE COMDI	ETED DV ADDI ICANT)
Airplanes	or Aerial Applicators only MUS	Licence/Regi	
1.			
2.			
3.			
4.			
	e (MUST BE COMPLETEI		
_	nt: Phone number:		
Policy Number:		Expiry Date:	:
Spray Drift or Chemica that, in the event of car	nce coverage includes a minimum al Misuse coverage. (See back of acellation, alteration or expiry of Food and Rural Development.	form for addi	
Date		Sign	ature of Applicator

General (Public, Comprehensive) Liability Insurance will pay on behalf of the Insured claims made, or suits brought, in Canada or the USA which the Insured or its employees shall become obligated to pay, based upon legal liability, for death or injury to persons including personal injury, or damage to the property of others occurring during the policy period.

Spray Drift or Chemical Misuse (Sudden and Accidental – Environmental Impairment) Liability Insurance will pay on behalf of the Insured claims made, or suits brought, in Canada or the USA, which the Insured or its employees shall become obligated to pay, based upon legal liability, for death or injury to persons or damage to property of others occurring during the policy period.

Remember to include

- Your **\$100.00** fee
- Signed cheques payable to: "Minister of Finance"
- Name of insurance company, agent, policy number, expiration date
- Final Grade Report (only if new or recertifying)
- Signature on the form

Send to:

Manitoba Agriculture, Food and Rural Development Pesticide Licensing Box 1149 Carman, MB R0G 0J0

Notice respecting personal information

(applies where the applicant is an individual only)

- 1. Manitoba Agriculture, Food and Rural Development (MAFRD), Province of Manitoba, collects personal information from the applicant under the authority of the *Pesticides and Fertilizers Control Act* and will use the information to (i) determine if the applicant qualifies for a Manitoba Pesticide Dealer's Licence or a Manitoba Pesticide Applicator's Licence, and (ii) to maintain a record of licenced pesticide dealers and applicators in Manitoba.
- 2. All personal information collected is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any concerns contact The Freedom of Information and Protection of Privacy Process Office at 1129 Queens Avenue, Brandon, MB R7L 1L9, Phone: 204-726-6399.
- 3. By signing this application, you give consent to have MAFRD disclose personal information to Assiniboine Community College for the purpose of issuing a Manitoba Pesticide Dealer's Licence or a Manitoba Pesticide Applicator's Licence and will enable MAFRD to maintain a record of licenced dealers and applicators in Manitoba.

Date	Signature of Applicator		