

Pesticide Use Permit Application Form

Environmental Approvals Branch
Manitoba Environment and Climate
Box 35, 14 Fultz Boulevard
Winnipeg MB R3Y 0L6



Please complete and return this form at least 30 days prior to the intended date of pesticide use

New permit application

Make change to existing permit (Please specify permit No.)

| | | |
|---|---------|--------------------|
| NAME | FAX NO. | BUSINESS PHONE NO. |
| ORGANIZATION REPRESENTED (DEPT., MUNICIPALITY, WEED DISTRICT, ETC.) | | |
| MAILING ADDRESS | | POSTAL CODE |
| EMAIL | | |

APPLICATOR

| | | |
|-------------------------------------|----------------|--------------------|
| Name | HOME PHONE NO. | BUSINESS PHONE NO. |
| MAILING ADDRESS | | POSTAL CODE |
| COMMERCIAL APPLICATOR'S LICENCE NO. | | EXPIRY DATE |

LOCATION OF SPRAY PROGRAM

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PURPOSE OF SPRAY PROGRAM (include copy of public notice of spray program)

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PESTICIDES TO BE USED IN PROGRAM

| PESTICIDE | PCP NO. | TARGET SPECIES | APPLICATION METHOD |
|------------------------|---------|----------------|--------------------|
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| SIGNATURE OF APPLICANT | TITLE | DATE | |

If you do not know the PCP Number, you are required at minimum to indicate the active ingredient. The PCP must then be provided with your annual report. Only products approved by Health Canada are authorized for use.