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



			FOR OFFICE USE ONLY:
Licence Year: Janua	ary 1, 2025 to Decemb	er 31, 2025	Date Rec'd x \$100 =\$
Please ensure all information is correct: *All Fields Required			CashChqSAP Insurance: Liability □ In Effect □
*NAME:			Return: Process:
*COMPANY:			
*MAILING ADDRESS:	*PROV:	*D00741 005	
CITY:	*PROV:	*POSTAL COL	DE:
*BUS. PHONE:	*C	ELL. PHONE:	:
*BIRTH DATE:Yea	/ / ar Month Day	*EMAIL:	
l am applying for a lic	ence in this category(s)	:	
Category	Certification Year	Category	Certification Year
Pesticide Core* Agricultural Ground Aerial Seed Treatment Forestry Golf Course/Landscape Greenhouse Greenhouse Cannabis *Mandatory Course for lie Equipment being used (for Airplanes)		Other MUST BE CO	e IPM
1.			
2.			
3.			
4.			
Declaration of Insurance	MUST BE COMPLE	TED BY APF	PLICANT)
nsurance Agent:		Phone num	nber:
Policy Number:		Expiry Date	e:
Spray Drift or Chemical	l Misuse coverage. (See but of cancellation, alteration	ack of form fo	0,000 General Liability and \$25,000 or additional information). It is this insurance, 60 days notice shall
Date		Sigr	nature 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 (cheque or money order only)
- Signed cheques payable to:
 - "Minister of Finance"
- Name of insurance company, agent, policy number, expiration date
- Final Grade Report (only if new or recertifying)
- Applicator's signature on the form (both sides)

Mail complete application and payment to:

Manitoba Agriculture Pesticide Licensing P.O. Box 1149 Carman, MB R0G 0J0

*if using courier service, please use street address: #65 – 3rd Avenue NE

Notice respecting personal information

(applies where the applicant is an individual only)

- Manitoba Agriculture, 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 915-401 York Avenue, Winnipeg, MB, R3C 0P8, Phone: 204-945-0913.
- 3. By signing this application, you give consent to have Manitoba Agriculture disclose personal information to Assiniboine College for the purpose of issuing a Manitoba Pesticide Dealer's Licence or a Manitoba Pesticide Applicator's Licence and will enable Manitoba Agriculture to maintain a record of licenced dealers and applicators in Manitoba.

applicators in Manitoba.	
	Name of Applicator (please print)
Date	Signature of Applicator