Pesticide Use Permit Annual Report

Environmental Approvals Branch Box 35, 14 Fultz Blvd Winnipeg MB R3Y 0L6 pesticideusepermit@gov.mb.ca



Please complete and return this form by March 31 following the year for pesticide program

REPORTING YEAR:	PESTICIDI PERMIT N				
APPLICANT					
NAME	OF	ORGANIZATION REPRESENTED (DEPT., MUNICIPALITY, WEED DISTRICT, ETC.)			
BUSINESS PHONE NUMBER	R FAX NUMBER EMAIL		AIL ADDRESS		
MAILING ADDRESS			CITY	POSTAL CODE	

APPLICATOR

NAME

COMMERCIAL APPLICATORS LICENCE NO.

LOCATION OF SPRAY PROGRAM (Include map showing areas actually treated. Indicate legal land description of land and show right of way application.)

PESTICIDES USED IN PROGRAM

PESTICIDE	PEST CONTROL PRODUCTS ACT NO. (OF PRODUCT LABEL)	QUANTITY USED (L)	AREA TREATED (ha)

* You must provide the PCP number with your annual report.

DATE

SIGNATURE OF APPLICANT

PESTICIDES USED IN PROGRAM CONT'D

PESTICIDE	PEST CONTROL PRODUCTS ACT NO. (OF PRODUCT LABEL)	QUANTITY USED (L)	AREA TREATED (ha)