

Pesticide Use Permit Annual Report

Environmental Approvals Branch
 1007 Century Street
 Winnipeg MB R3H 0W4
 pesticideusepermit@gov.mb.ca



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

REPORTING YEAR: PESTICIDE USE PERMIT NO.

APPLICANT

NAME		ORGANIZATION REPRESENTED (DEPT., MUNICIPALITY, WEED DISTRICT, ETC.)	
BUSINESS PHONE NUMBER	FAX NUMBER	EMAIL 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)