

Pesticide Use Permit Application Form

Environmental Approvals Branch
Manitoba Sustainable Development
1007 Century Street
Winnipeg MB R3H 0W4



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

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APPLICANT

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)

PESTICIDES TO BE USED IN PROGRAM

PESTICIDE	PCP NO.	TARGET SPECIES	APPLICATION METHOD
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.