

Pesticide Applicator Licence Application Form

All sections of this application must be completed before a licence can be issued. Use this form if you have never been issued a pesticide applicator licence in Saskatchewan.

Part 1 - APPLICATOR INFORMATION

| | | |
|--|---------------------------|-------------------------------|
| LEGAL FIRST NAME | MIDDLE NAME(S) | LEGAL LAST NAME |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MAILING ADDRESS (Civic, Rural Route, STN, Site, Box, etc.) | | CITY/TOWN |
| <input type="text"/> | | <input type="text"/> |
| PROVINCE | POSTAL CODE | EMAIL ADDRESS |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME PHONE (999-999-9999) | CELL PHONE (999-999-9999) | BUSINESS PHONE (999-999-9999) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 2 - EMPLOYER INFORMATION (All applicators must be employed with a service company unless exempted)

| | | |
|---|--|--|
| EMPLOYER/BUSINESS NAME | SERVICE LICENCE NUMBER (Businesses only) | |
| <input type="text"/> | <input type="text"/> | |
| EXEMPTION REASON | | |
| <input type="checkbox"/> Agriculture Producer | <input type="checkbox"/> RM/Town/City Employee | <input type="checkbox"/> Government Agency |
| LOCATIONS OF WORK IN SASKATCHEWAN (Indicate where you will be working under this service licence) | | |
| <input type="text"/> | | |

Part 3 - APPLICATOR LICENCE CATEGORY INFORMATION

Only check the categories in which you completed training through Saskatchewan Polytechnic. You must submit a copy of the Statement of Achievement with this form. Only those categories you provide proof of training for will appear on the licence.

| | | |
|--|--|--|
| <input type="checkbox"/> Aerial: Submit a copy of commercial Pilot Licence: (Required) | <input type="text"/> | |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Aquatic | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Mosquito and Biting Fly |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Industrial Vegetation | <input type="checkbox"/> Structural |
| <input type="checkbox"/> RPAS: Submit a copy of RPAS Operator Certificate: (Required) | <input type="text"/> | |

Special Licences:

| | | |
|--|---|---|
| <input type="checkbox"/> Commercial Seed Treatment | <input type="checkbox"/> On-Farm Fumigation | <input type="checkbox"/> Parks Management |
| <input type="checkbox"/> Problem Wildlife Control | <input type="checkbox"/> Rat Control | |

Part 4 - OUT-OF-PROVINCE APPLICATORS AND NON-SASKATCHEWAN TRAINING REQUIREMENTS

You must provide the following:

| |
|---|
| <input type="checkbox"/> Training certificate indicating training category and date training was passed (month/day/year) from an approved out-of-province training institution. |
| <input type="checkbox"/> Valid certificate(s), licence(s) and/or permit(s) number held in other provinces and expiry date. |
| <input type="checkbox"/> Statement of Achievement for the Saskatchewan Pesticide Regulations course from Saskatchewan Polytechnic. |

Part 5 - STATEMENT OF DECLARATION

1. I hereby apply to the Pesticide Licensing Program (the "Program"), administered by the Saskatchewan Ministry of Agriculture (the "Ministry") established pursuant to *The Pest Control Products Regulations, 2015* (the "regulations") under the authority of *The Pest Control Products (Saskatchewan) Act*, for the licence requested in this application.
2. I declare I am the Applicant or I am authorized to sign on behalf of the Applicant. I agree that all references to "I", "me" and "my" in this Statement of Declaration shall be deemed to read the "Applicant", with the necessary grammatical changes required; and, that by my signature and delivery of this application, including this Statement of Declaration, to the Program, I understand I will be legally bound by, and I agree to adhere to, the Program regulations and policies.
3. I declare:
 - a. in the case of an individual, the individual is at least 18 years of age.
 - b. in the case of a corporation, partnership or co-operative, the corporation, partnership or co-operative has its head office in Saskatchewan and/or is lawfully entitled to carry on business in Saskatchewan.
 - c. that I have not applied for or held a licence, certification or authorization for pesticide application, service or sale in any other jurisdiction which has been denied, cancelled, suspended or has been made subject to disciplinary measure by such jurisdiction.
4. I declare:
 - a. in the case of a pesticide vendor licence, I will employ at least one trained dispenser who is at least 18 years of age at each outlet covered by a vendor licence.
 - b. in the case of a pesticide service licence, offering aerial pesticide applicator service, shall:
 - i. have insurance covering pesticide drift liability in an amount that will provide at least \$100,000 coverage for each occurrence.
 - ii. provide the Ministry a certificate of insurance mentioned in clause 4.b(i)
 - iii. notify the Ministry immediately in writing if the insurance required in 4.b(i) expires or is canceled.
 - c. in the case of a pesticide applicator licence, have successfully passed an approved pesticide applicator training course within the preceding five years and will provide a copy of the statement of achievement with this application.
5. I declare the information included in this application is true and correct in every respect.
6. I agree to provide further information, including access to application records, including Global Positioning System (GPS) records, if available, that the Program may reasonably require. In addition, I agree to inform the Program administration as soon as practicable of any changes to my application information to administer this application.
7. I consent to allow:
 - a. the Ministry to request and obtain information from any department or agency of the Saskatchewan Government, the Government of Canada or the department or agency of any other Canadian province or territory, which will be collected for the purposes of:
 - i. verifying the application;
 - ii. determining my eligibility for the Program; and
 - iii. verifying regulatory requirements have been addressed.
 - b. the Ministry to disclose any information contained in this application or provided in relation to me or my licence application, to any ministry, Crown corporation or agency of the Government of Saskatchewan for the purposes of:
 - i. processing this application;
 - ii. administering this program offered by the Ministry;
 - iii. advising me about Ministry programs and services;
 - iv. policy and program development and evaluation; and
 - v. research and statistical analytics.
 - c. the Ministry to disclose to the public or otherwise publish for public viewing, information concerning the suspension or cancellation of any licence. Such publication may include the name of the service provider, the type of licence and the effective dates of suspension or cancellation.
8. I understand the provision of false, misleading or fraudulent information, or a failure to comply with the regulations and policies may result in this application and any other past, current or future applications being denied and any licence issued being suspended or canceled.
9. I agree to cooperate with the Ministry in the completion of any investigation, inspection, audit, evaluation, or survey of the Program.
10. I understand the personal information in this application is collected under the authority of the regulations and is protected by and subject to the provisions of *The Freedom of Information and Protection of Privacy Act* (FOIP) and the federal *Privacy Act*. The Ministry will use the information from this form to determine my eligibility for a benefit under this Program.
11. By signing this application, I give consent to the Ministry of Agriculture to disclose the information contained within the licence on the Ministry of Agriculture website.
12. I acknowledge and accept the terms and conditions as set out above.

Dated: _____

Applicant Signature: _____

If submitting by email, please type your name above. If submitting by mail, please sign the printed form.

Please submit the completed form with required documentation and payment to:

Email and credit card payment: PL@gov.sk.ca

Mail and cheque/money order (no cash please): \$100.00

Once the application has been reviewed you will receive credit card payment instructions. **Do not include credit card information with your email submission.**

Payable to: **Minister of Finance**
Saskatchewan Ministry of Agriculture
Regulatory and Compliance Branch
Room 202 - 3085 Albert Street
REGINA SK S4S 0B1

If you have any questions about the collection or use of this information, please contact the Saskatchewan Ministry of Agriculture Privacy Officer at 226 - 3085 Albert St., Regina SK, S4S 0B1 or accessprivacyagriculture@gov.sk.ca.