

# Pesticide Vendor 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 vendor licence in Saskatchewan. A licence is required for each vendor location in Saskatchewan.

## Part 1 - APPLICANT INFORMATION FOR VENDOR/COMPANY

**BUSINESS LEGAL NAME** (Legally incorporated entities only)

**BUSINESS NAME** (If operating under a name other than a legal business name)

**CONTACT LAST NAME**

**FIRST NAME**

**TITLE/POSITION**

**MAILING ADDRESS** (Civic, Rural Route, STN, Site, Box, etc.)

**CITY/TOWN**

**PROVINCE**

**POSTAL CODE**

**EMAIL ADDRESS**

**HOME PHONE** (999-999-9999)

**CELL PHONE** (999-999-9999)

**BUSINESS PHONE** (999-999-9999)

**PHYSICAL ADDRESS** (If different from mailing address)

**CITY/TOWN**

**PROVINCE**

**POSTAL CODE**

## Part 2 - VENDOR LOCATION INFORMATION

**OPERATING LOCATION**

**OPERATION ID NUMBER** (issued by the Ministry of Environment for hazardous waste and dangerous goods storage facilities.) Exempt Yes No

Exemption Reason:

## Part 3 - DISPENSER INFORMATION

The minimum required is one (1) valid dispenser under each licensed location. List all the valid dispenser(s) currently employed under this vendor licence. A dispenser must be at least 18 years of age and have completed an approved Pesticide Dispenser course within the last five years. A copy of the statement of achievement from the course must be submitted with this application. Attach a separate sheet of paper if additional dispensers are required.

Dispenser Name	Pesticide Dispenser Course Completed		Date Completed (dd/mm/yy)
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

## Part 4 - 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](mailto: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](mailto:accessprivacyagriculture@gov.sk.ca).