

Application for Applicator's Licence

Under the Pesticides and Fertilizers Control Act



Licence Year: January 1, 2019 to December 31, 2019

Please ensure all information is correct:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ PROV: _____ POST. CODE: _____

PHONE: _____ FAX: _____

BIRTH DATE: ____/____/____ EMAIL: _____
Year Month Day

I am applying for a license in this category(s)

Category	Certification Year	Category	Certification Year
Pesticide Core*	_____	Mosquito	_____
Agricultural Ground	_____	Industrial	_____
Aerial	_____	Rural Municipal	_____
Seed Treatment	_____	Structural	_____
Forestry	_____	Landscape IPM	_____
Golf Course/Landscape	_____	Stored Agricultural	_____
Greenhouse	_____	Products	_____
Greenhouse Cannabis	_____	Other	_____

*Mandatory Course for licence in all categories.

Equipment being used (for Aerial Applicators only -- **MUST BE COMPLETED BY APPLICANT**)

Airplanes	Licence/Registration No.
1.	
2.	
3.	
4.	

Declaration of Insurance (MUST BE COMPLETED BY APPLICANT)

Insurance Company: _____

Insurance Agent: _____ Phone number: _____

Policy Number: _____ Expiry Date: _____

I verify that my insurance coverage includes a minimum of \$250,000 General Liability and \$25,000 Spray Drift or Chemical Misuse coverage. (See back of form for additional information). It is agreed that, in the event of cancellation, alteration or expiry of this insurance, 60 days notice shall be given to Manitoba Agriculture.

Date

Signature of Applicator

SEE REVERSE SIDE

General (Public, Comprehensive) Liability Insurance will pay on behalf of the Insured claims made, or suits brought, in Canada or the USA which the Insured or its employees shall become obligated to pay, based upon legal liability, for death or injury to persons including personal injury, or damage to the property of others occurring during the policy period.

Spray Drift or Chemical Misuse (Sudden and Accidental – Environmental Impairment) Liability Insurance will pay on behalf of the Insured claims made, or suits brought, in Canada or the USA, which the Insured or its employees shall become obligated to pay, based upon legal liability, for death or injury to persons or damage to property of others occurring during the policy period.

Remember to include:

- Your **\$100.00** fee
- Signed cheques payable to: **“Minister of Finance”**
- Name of insurance company, agent, policy number, expiration date
- Final Grade Report (only if new or recertifying)
- Signature on the form

Send to:

Manitoba Agriculture
Pesticide Licensing
Box 1149
Carman, MB R0G 0J0

Notice respecting personal information

(applies where the applicant is an individual only)

1. Manitoba Agriculture (MB Ag) Province of Manitoba, collects personal information from the applicant under the authority of the *Pesticides and Fertilizers Control Act* and will use the information to (i) determine if the applicant qualifies for a Manitoba Pesticide Dealer’s Licence or a Manitoba Pesticide Applicator’s Licence, and (ii) to maintain a record of licenced pesticide dealers and applicators in Manitoba.
2. All personal information collected is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any concerns contact The Freedom of Information and Protection of Privacy Process Office at 913-401 York Avenue, Winnipeg, MB, R3C 0P8, Phone: 204-045-0913.
3. By signing this application, you give consent to have MB Ag disclose personal information to Assiniboine Community College for the purpose of issuing a Manitoba Pesticide Dealer’s Licence or a Manitoba Pesticide Applicator’s Licence and will enable MB Ag to maintain a record of licenced dealers and applicators in Manitoba.

Date

Signature of Applicator