

# Pesticide Vendor Licence Application Form

Please read instructions before completing this application form. All sections of the form must be completed and training for each certified dispenser listed must be attached before a licence can be issued. Please print legibly. Contact the Saskatchewan Ministry of Agriculture at 306-787-4662 regarding questions related to the completion of this form. A licence will be mailed in 15 business days pending receipt of proper documentation.

**Note:** If more than one outlet is maintained for the sale of pesticides, a separate licence is required for each outlet. Every holder of a Pesticide Vendor Licence must employ at least one certified dispenser.

## Instructions

1. **Business name:** The business name of the vendor outlet.
2. **Company owner:** The name of the owner of the business.
3. **Business manager:** The name of the on-site manager or individual in charge.
4. **Business address:** The physical address of vendor outlet.
5. **Mailing address:** The address where all future correspondence will be sent.
6. **Telephone number:** Indicate the business phone number.
7. **Rural Municipality:** Indicate the number of the rural municipality where the business is located.
8. **Operational ID number:** To operate a storage facility in Saskatchewan, an approval to store a hazardous substance or waste dangerous goods at a storage facility is required by *The Hazardous Substances and Waste Dangerous Goods Regulations*. All approved storage facilities will be identified with a unique Operation ID Number for the facility. This number is issued by the Saskatchewan Ministry of Environment.
9. **Pesticide Dispensers:**
  - a. *Name:* The name of the person(s) dispensing pesticides.
  - b. *Birth date:* Indicate the day, month and year.
  - c. *Pesticide training course:* List the pesticide training course(s) completed in the past four years (attach a photocopy of the certificate). An approved training course must be completed before applying for a licence.
  - d. *Training date:* Indicate the day, month and year.
  - e. *Name of training institution:* e.g., Saskatchewan Polytechnic, or an approved out-of-province training institution.
10. **Confidentiality of your file:** The details of your licence may be released under *The Freedom of Information and Protection of Privacy Act*. The Ministry of Agriculture may be asked by non-government agencies, firms or individuals to provide lists of licensed pesticide vendors. If you would like your business name and address released, please check the "Yes" box. If not, check "No".
11. **Date and signature:** Page 2 must be signed and dated by the person requesting the licence (i.e. person in charge, manager or business owner). Once you have completed all sections, forward Page 2 along with a photocopy of the approved training course and the licence fee of \$100.00 to:

Saskatchewan Ministry of Agriculture  
Crops and Irrigation Branch Room  
125-3085 Albert Street  
REGINA SK S4S 0B1

Please make your cheque or money order payable to: MINISTER OF FINANCE

DO NOT send cash in the mail.

# Pesticide Vendor Licence Application Form

Business Name

Business Owner

---

Business Manager Name

---

Business Address

Town/City

Province

Postal Code

---

Mailing Address *(if different than above)*

Town/City

Province

Postal Code

---

Business Phone Number

RM Number

Operational ID Number

---

Pesticide Dispensers *(Please include name and date of birth of each dispenser, as well as the name of their training course, date of training course, and by whom the course was offered.)*

Indicate whether the government may have permission to release your name:      Yes      No

I am hereby requesting a licence pursuant to section 10 of *The Pest Control Products (Saskatchewan) Act* and agree to provide my services in a safe manner and in compliance with *The Pest Control Products (Saskatchewan) Act* and Regulations.

---

Date of Request

Signature

Return this page with your payment to the Saskatchewan Ministry of Agriculture.  
A licence will be mailed to the address above. Print and retain a copy for your records.