

APPLICATION FOR CERTIFICATE FOR PEST CONTROL APPLICATOR OR SERVICEMAN

Application No.: _____

- 1. Name of applicant _____
- 2. Address of applicant _____
- 3. Telephone _____
- 4. Date of birth _____
- 5. Name and address of employer _____

(if applicable)

- 6. * Category of Certificate: A () B () C () D ()
- 7. Certificate status: Renewal () New applicant ()
- 8. * Have you been granted a licence under the Food Storage and Prevention of Infestation Act?
Yes () No ()
- 9. If the answer to 8 is yes, state type _____

**Numbers 6 and 8 are to be answered by a Pest Control Applicator*

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

- 1. Date of application _____
- 2. Number of certificate _____

Signature of Registrar

Date