

**APPLICATION FOR LICENSE TO SELL/HANDLE
RESTRICTED AND/OR GENERAL USE PESTICIDES.**

1. Name of proposed pesticide handling facility _____
2. Proprietor _____
3. Applicant's address _____
4. Name of premises where pesticides are to be sold/handled _____

5. Address of premises where pesticides are to be sold/handled _____

6. Telephone # _____
7. Email address _____
8. I hereby request an inspection of the proposed site/premises above for the sale/handling of pesticides.

Signature of applicant

Date

FOR OFFICIAL USE ONLY

1. Date application granted or refused _____
2. License number _____
3. Reason for refusal _____

Signature of Registrar

Date