

# APPLICATION FOR LICENCE TO SELL RESTRICTED PESTICIDES

1. Applicant's name \_\_\_\_\_
2. Applicant's address \_\_\_\_\_
3. Name of premises where pesticides are to be sold \_\_\_\_\_
4. Address of premises where pesticides are to be sold \_\_\_\_\_
5. Measures to be taken to meet safety standards in the storing and handling of restricted pesticides  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

## FOR OFFICIAL USE ONLY

1. Date application granted or refused \_\_\_\_\_
2. Licence number \_\_\_\_\_
3. Reason for refusal \_\_\_\_\_

\_\_\_\_\_  
*Signature of Registrar*

\_\_\_\_\_  
*Date*