

FORM 9

**APPLICATION FOR A LICENCE TO OPERATE AS A
PEST CONTROL OPERATOR**

Application No. _____

1. Name of Applicant _____

2. Address of Applicant _____

3. Date of Birth _____

4. Telephone: Business _____ Home _____

5. Business Name _____

6. Business Address _____

7. Address where pesticides stored _____

8. Licence Status: Renewal () New Applicant ()

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

1. Date application accepted or refused _____

2. Licence Number _____

3. Reason for refusal _____

Signature of Registrar

Date