

# Application for Applicator's Licence

Under the Pesticides and Fertilizers Control Act



**Licence Year: January 1, 2026 to December 31, 2026**

Please ensure all information is correct:

*\*All Fields Required*

\*NAME: \_\_\_\_\_

\*COMPANY: \_\_\_\_\_

\*MAILING ADDRESS: \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*PROV: \_\_\_\_\_ \*POSTAL CODE: \_\_\_\_\_

\*BUS. PHONE: \_\_\_\_\_ \*CELL. PHONE: \_\_\_\_\_

\*BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*EMAIL: \_\_\_\_\_  
Year Month Day

I am applying for a licence in this category(s):

Category	Certification Year	Category	Certification Year
<b>Pesticide Core*</b>	_____	Mosquito	_____
Agricultural Ground	_____	Industrial	_____
Aerial	_____	Rural Municipal	_____
Seed Treatment	_____	Structural	_____
Forestry	_____	Landscape IPM	_____
Golf Course/Landscape	_____	Stored Agricultural	_____
Greenhouse	_____	Products	_____
Greenhouse Cannabis	_____	MB Reciprocal Exam	_____
		Aerial - Drone	_____
		Other	_____

**\*Mandatory Course for licence in all categories.**

Equipment being used (for **Aerial** Applicators only -- **MUST BE COMPLETED BY APPLICANT**)

Airplanes	Licence/Registration No.
1.	_____
2.	_____
3.	_____
4.	_____

**Declaration of Insurance (MUST BE COMPLETED BY APPLICANT)**

Insurance Company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I verify that my insurance coverage includes a minimum of \$250,000 General Liability and \$25,000 Spray Drift or Chemical Misuse coverage. (See back of form for additional information). It is agreed that, in the event of cancellation, alteration or expiry of this insurance, 60 days notice shall be given to Manitoba Agriculture.

Note: As stated in section 2(5) of The Pesticides and Fertilizers Control Act, if your insurance is revoked, cancelled or terminated prior to the expiration of your licence, your licence will be terminated automatically.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicator (required)

**SIGNATURE REQUIRED ON BOTH SIDES OF THIS FORM**

**General (Public, Comprehensive) Liability Insurance** will pay on behalf of the Insured claims made, or suits brought, in Canada or the USA which the Insured or its employees shall become obligated to pay, based upon legal liability, for death or injury to persons including personal injury, or damage to the property of others occurring during the policy period.

**Spray Drift or Chemical Misuse (Sudden and Accidental – Environmental Impairment) Liability Insurance** will pay on behalf of the Insured claims made, or suits brought, in Canada or the USA, which the Insured or its employees shall become obligated to pay, based upon legal liability, for death or injury to persons or damage to property of others occurring during the policy period.

**Remember to include:**

- Your **\$100.00** fee (cheque or money order)
- Make payable to: “**Minister of Finance**”
- If paying by credit card, please enclose page 3 (payment options)
- Name of insurance company, agent, policy number, expiration date
- Final Grade Report (only if new or recertifying)
- Applicator’s signature on the form required (Page 1 & 2)

**Mail complete application and payment to:**

Manitoba Agriculture  
Pesticide Licensing  
P.O. Box 1149  
Carman, MB R0G 0J0

\*If using courier service, please use street address: #65 – 3<sup>rd</sup> Avenue NE

\*If paying by credit card, please email 3 pages to: [agrpesticides@gov.mb.ca](mailto:agrpesticides@gov.mb.ca)

**Notice respecting personal information**  
(applies where the applicant is an individual only)

1. Manitoba Agriculture, Province of Manitoba, collects personal information from the applicant under the authority of the Pesticides and Fertilizers Control Act and will use the information to (i) determine if the applicant qualifies for a Manitoba Pesticide Dealer’s Licence or a Manitoba Pesticide Applicator’s Licence, and (ii) to maintain a record of licenced pesticide dealers and applicators in Manitoba.
2. All personal information collected is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any concerns contact The Freedom of Information and Protection of Privacy Process Office at 915-401 York Avenue, Winnipeg, MB, R3C 0P8, Phone: 204-945-0913.
3. By signing this application, you give consent to have Manitoba Agriculture disclose personal information to Assiniboine College for the purpose of issuing a Manitoba Pesticide Dealer’s Licence or a Manitoba Pesticide Applicator’s Licence and will enable Manitoba Agriculture to maintain a record of licenced dealers and applicators in Manitoba.

\_\_\_\_\_  
Name of Applicator (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicator