Pesticide Use Permit Annual Report

Environmental Approvals Branch
Box 35, 14 Fultz Blvd
Winnipeg MB R3Y 0L6
pesticideusepermit@gov.mb.ca

Manitoba
Environment and Climate Change

Please complete and return this form by Email by March 31 following the year for pesticide program.

REPORTING YEAR: _____ PESTICIDE USE PERMIT NO. _____

APPLICANT

NAME	ORGANIZATION REPRESENTED (DEPT., MUNICIPALITY, WEED DISTRICT, ETC.)	
BUSINESS PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
MAILING ADDRESS	CITY	POSTAL CODE

APPLICATOR

NAME	COMMERCIAL APPLICATORS LICENCE NO.

LOCATION OF SPRAY PROGRAM (Include map showing areas actually treated. Indicate legal land description of land and show right of way application.)

PESTICIDES USED IN PROGRAM

PESTICIDE	PEST CONTROL PRODUCTS ACT NO. (OF PRODUCT LABEL)	QUANTITY USED (L)	AREA TREATED (ha)

* You must provide the PCP number with your annual report.

DATE	SIGNATURE OF APPLICANT

SUBMIT BY **EMAIL** to pesticideusepermit@gov.mb.ca
Environmental Approvals Branch

PESTICIDES USED IN PROGRAM CONT'D

PESTICIDE	PEST CONTROL PRODUCTS ACT NO. (OF PRODUCT LABEL)	QUANTITY USED (L)	AREA TREATED (ha)

SUBMIT BY **EMAIL** to pesticideusepermit@gov.mb.ca
Environmental Approvals Branch