

### Request for Additional Pesticide(s)

Pesticide Operator Licence # \_\_\_\_\_

Reason for request

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Please complete the box below with information regarding pesticide(s) requested for addition to pesticide operator licence.

Trade Name	PCP Number	Estimate of Quantity to be used

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please submit this request form to the address below or fax it to # (709)729-6969

**Pesticide Enforcement and Licensing Specialist**  
**Department of Municipal Affairs and Environment**  
**Pesticides Control Section**  
**P.O. Box 8700**  
**St. John's, NL**  
**A1B 4J6**