

ANNEXURE A: APPLICATION FORM



agriculture, land reform & rural development

Department: Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

Republic of South Africa
Registrar: Act 36/1947
Private Bag X343
0001 Pretoria

FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947
Act No. 36 OF 1947), AS AMENDED

APPLICATION FOR REGISTRATION AS A PEST CONTROL OPERATOR

INFORMATION FOR APPLICANTS

1. The application form must be duly completed in all aspects.
2. Please follow instructions as per attached notice for registration
3. The application must be accompanied by relevant qualification in Pest Control and practical experience obtained. (Service reports/ Job cards must accompany application)
4. A medical report on the accompanying form is also required.
5. The application must be submitted to the Registrar: Act No. 36 of 1947, Private Bag X343, Pretoria, 0001 or by hand/courier at Agriculture Place, 20 Steve Biko Street, Arcadia, Pretoria.
6. Submissions and collections only Tuesdays to Thursday .
7. For further information visit our website at www.dalrrd.gov.za

APPLICATION INFORMATION (Please print)

Full names and surname: _____

Postal address: _____ Postal code: _____

Physical address: _____

City: _____ Province: _____ Postal code: _____

Tel: (____) _____ Cell phone (____) _____

E-mail: _____

Date of birth: ____/____/____ I.D. No: _____
MM DD YY

Are you registered in another field? Yes No

If yes, which Field (s)? _____

Current P registration number: _____

EMPLOYER / OWN BUSINESS INFORMATION (Please print)

Name of Employer / Own Business: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Tel: (____) _____ e-mail _____

FIELDS(S) OF PEST CONTROL IN WHICH REGISTRATION IS REQUIRED (Please tick)

- (i) Aerial application
- (ii) Agriculture and Forestry
- (iii) Industrial Vegetation and Noxious Weeds
- (iv) Landscape
- (v) Structural
- (vi) Fumigation
- (vii) Supplemental and/or remedial wood treatment
- (viii) Any other relevant specialization

EDUCATION QUALIFICATION OBTAINED (PLEASE ATTACHED A CERTIFIED COPY)

Qualifications	Subjects obtained	Training Centre	Date obtained

PROOF OF PRACTICAL EXPERIENCE OBTAINED (PLEASE ATTACHED AN AFFIDAVIT FROM THE APPLICANT AND CONFIRMATION DOCUMENT FROM THE SUPERVISOR/EMPLOYER).

Name of business/Supervisor	Field of pest control	Period in training

DECLARATION BY APPLICANT

I hereby certify that the information furnished in this application and data provided in support is to the best of my knowledge true, correct and complies with the requirement of Act No. 36 of 1947; acknowledge my responsibilities in terms of the Act; and grant permission to the Registrar of Act No. 36 of 1947 to cancel this registration in terms of Section 4 of the Act should it be established that the information in this application and with this application is not true and does not comply with the requirements of the Act.

..... Name in full (printed) Signature
..... Date Official Title

(Note: Any person who in any application makes any statement which is false in any material respect knowing it to be false or fails to disclose any information with intent to deceive, shall be guilty of an offence).

DECLARATION TO BE MADE IN THE PRESENCE OF A JUSTICE OF PEACE/COMMISSIONER OF OATHS

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponents signature/thumb print/mark was placed thereon in my presence.

 INITIAL AND SURNAME OF THE COMMISSIONER OF OATHS.	

..... SIGNATURE COMMISSIONER OF OATHS DATE TEL. NO.
..... JUSTICE OF THE PEACE/ COMMISSIONER OF OATHS		