

Form D.
Application for Registration of a Fumigator/Commercial Applicator.
The Control of Agricultural Chemicals Act.
(To be submitted in sextuplicate)

The Registrar
The Agricultural Chemicals Board
P.O. Box _____

1. Name of applicant _____

2. Business address _____ Tel. No. _____

3. Qualifications (degree, certificate, etc.) _____

4. Status of applicant (manufacturer, agent, etc.) (if applicable) _____

5. Have you ever been convicted of a criminal charge? If yes, give brief details, including sentence imposed. (*N.B.*—Conviction for a criminal offence will not necessarily bar an applicant from grant of a certificate, but the giving of false information in this context is itself a possible offence) _____

6. Have you applied for a fumigators/commercial applicators certificate before? If yes, give brief details on what happened to the application _____

7. Have you ever been granted a fumigators/commercial applicators certificate before? If yes, has it ever been suspended or cancelled and state when _____

The information contained in this application is true and correct to the best of my knowledge and belief.

Date of application

Signature of Applicant

Note—

1. A separate application form is required for each applicant.
2. Submit five certified copies of testimonials.