

General:

Personal information requested on this form is collected under the authority of the *Pesticides Act*, RSO, 1990 Ontario Regulation 63/09. It is used to evaluate applicants for Limited Vendor and General Vendor licences according to the requirements of the *Pesticides Act*.

A complete application consists of:

1. The completed, signed application form
2. Proof of Legal Name (such as a copy of the Master Business Licence)
3. A certified cheque, money order or credit card payment for the amount specified on the application form.
4. Proof of Certification for the Certified Outlet Representative (*General Vendor Licence Application Only*)

Incomplete applications will be returned to the applicant.

Instructions

1. **Applicants are responsible for ensuring that they complete the most recent application form.** When completing this form, please refer to the publication titled "Guide to Pesticide Licensing and Certification" (PIBS 4523). Application forms and supporting documentation are available from the Environmental Assessment and Approvals Branch toll free at 1-800-461-6290 (locally at 416-314-8001), from your local District Office of the Ministry of the Environment, and in the "Publications" section of the Ministry of the Environment website at: <http://www.ene.gov.on.ca/en/publications/forms/index.php#pesticides>.
2. Questions regarding completion and submission of this application should be directed to the Environmental Assessment and Approvals Branch, 2 St. Clair Avenue West, Floor 12A, Toronto, Ontario, M4V 1L5, telephone number 1-800-461-6290 or (416) 314-8001, or to your local District Office of the Ministry of the Environment.
3. Please forward the completed application along with your fee and any supporting information by fax to (416) 314-8452 or by mail to:

Director, Pesticides Act
Environmental Assessment and Approvals Branch
2 St. Clair Ave. W Floor 12A
Toronto, ON M4V 1L5
4. Section 6 of the *Pesticides Act* states that unless exempt by regulations, no person shall sell or offer to sell any pesticide unless the pesticide is classified by the regulation and except under and in accordance with a prescribed licence for each facility from which the pesticide is sold or offered for sale. **Please note: a separate application is required for each facility.**
5. There are two classes of Vendor licences, a General Vendor Licence and a Limited Vendor licence. The licences are issued for a five year period for a fee of **\$200.00** for the **General Vendor Licence** and **\$110.00** for the **Limited Vendor Licence**. A certified cheque, money order or credit card payment must be made payable to the *Ontario Minister of Finance*. Other methods of payment will not be accepted. For more information about the requirements and restrictions associated with General and Limited Vendor Licences, please refer to the "Guide to Pesticide Licensing and Certification" (PIBS 4523).
6. Each facility applying for a General Vendor Licence must have a Certified Outlet Representative who has successfully completed the **Pesticides Vendor Certification Course** (PVCC) not more than five years prior to this application. The Pesticides Vendor Certification Course is administered by Ridgeway Campus, University of Guelph. Telephone number 1-888-620-9999 or 1-519-674-1576. **Proof of certification must accompany the application for a General Vendor Licence.**
7. Limited Vendors and General Vendors **must** notify the Ministry of the Environment of any changes to the information contained in this application in writing within **10 days** of the change as per Section 40(4) of Regulation 63/09.
8. Every Limited Vendor or General Vendor that stores Class 1-8 pesticides for sale must provide written notice of this pesticide storage annually to the Fire Department responsible for the area in which the pesticide is stored.
9. If the applicant is a corporation or partnership, it shall designate on its application an official representative who is at least 18 years of age and is authorized to sign the application.
10. For definition purposes, the "Business Identification Number" referred to in section 1 of this application is the number assigned to all registered business names by Ministry of Consumer & Business Relations.
11. Information contained in this application is not considered confidential and will be made available to the public upon request. Information submitted as supporting information may be claimed as confidential but will be subject to the *Freedom of Information and Protection of Privacy Act* (FOIPPA). If you do not claim confidentiality at the time of submitting the information, the Ministry may make the information available to the public without further notice to you.



Ministry of the Environment

Application for a Vendor Licence for Pesticide Sales

Ce formulaire est disponible en français

| For Office Use Only | | |
|---------------------|----------------|--------------|
| Licence Number | Billing Number | Audit Number |

1. Applicant Information

| | | | |
|--|---|--------------------------------|----------------------------|
| Business Owner | | | |
| First Name | Middle Initial | Last Name | Date of Birth (dd/mm/yyyy) |
| Company Information | | | |
| Business Name (legal name of individual or organization as evidenced by legal documents) | | Business Identification Number | |
| Trade Name (the common name that the individual or organization operates under, if different than the business name) | | | |
| Mailing Address | | | |
| Apartment/Suite Number | Address (street number & name, rural route, general delivery or PO Box) | | |
| City | Province/State | Country | |
| Postal Code/Zip Code | Telephone Number (including area code & extension) | Fax Number (optional) | |

2. Physical Address Information

| | | | | | |
|--|---|---|------------------------|-------------|--------------|
| Is the Physical Address Information the same as the Mailing Address Information provided in section 1 (above)? | | | | | |
| Yes | No | If no, please include physical address information below | | | |
| Apartment/Suite Number | Address (street number & name, lot & concession or other information that describes the location) | | | | |
| City | Province/State | Country | | | |
| Postal Code/Zip Code | Telephone Number (including area code & extension) | Fax Number (optional) | | | |
| Geo Reference | | | | | |
| Map Datum | Zone | Accuracy Estimate | Geo Referencing Method | UTM Easting | UTM Northing |

3. Business Information

| | | | |
|--|--|-------------------------|-------------------------|
| Type of Application | | | |
| New Licence | New Licence Resulting from a Change of Ownership | Other (describe): _____ | |
| Applicant Type | | | |
| Corporation | Individual | Partnership | Sole Proprietor |
| Federal Government | Municipal Government | Provincial Government | Other (describe): _____ |
| Business Operations (check all that apply) | | | |
| Wholesale pesticide sales (business to business) | | Retail pesticide sales | |
| Empty pesticide container depot | | Other (describe): _____ | |

4. General Vendor Information (Complete only if you are applying for a General Vendor Licence)

| Name of Certified Outlet Representative | | |
|---|----------------|--------------------------|
| First Name | Middle Initial | Last Name |
| Pesticides Vendor Certificate Number (PVCC) | | Expiry Date (dd/mm/yyyy) |
| A copy of the Pesticides Vendor Certificate (PVCC) must be included with all applications for a General Vendor Licence | | |

5. Payment Information (tax is included in the cost of each licence and does not need to be calculated separately)

| | | |
|--|-----------------------------------|--|
| Licence Type | | Amount Enclosed |
| General Vendor Licence (\$200.00) | Limited Vendor Licence (\$110.00) | \$ |
| Method of Payment | | |
| Certified Cheque | Money Order | VISA MasterCard American Express |
| Credit Card Information (if paying by credit card) | | |
| Name on Card (please print) | Credit Card Number | Expiry Date (mm/yy) |
| Cardholder Signature | Date (dd/mm/yyyy) | |

6. Signature of Applicant or Official Representative (In the case of a partnership or corporation, the designated official representative must sign the application)

| | |
|---------------------|-------------------|
| Name (please print) | Title |
| Signature | Date (dd/mm/yyyy) |

YOU MUST SUBMIT PROOF OF LEGAL NAME WITH THIS FORM
(FOR THE COMPANY THAT THIS LICENCE WILL BE ISSUED TO)