ANNEXURE A: APPLICATION FORM

agriculture, land reform & rural development

Department
Agriculture, Land Reform & Rural Development
REPUBLIC OF SOUTH AFRICA

Republic of South Africa
Registrar: Act 36/1947
Private bag x343
0001 Pretoria

FERTILIZERS, FARM FEED, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947 (ACT No. 36 OF 1947) AS AMMENDED

APPLICATION FOR REGISTRATION AS A PEST CONTROL OPERATOR

INFORMATION FOR APPLICANTS

1. **The application form must be duly completed in all respects.**
2. **Submit only a single application together with the prescribed registration fee.**
3. **The application must be accompanied by proof of continual education training and/or information obtained within the current registration cycle.**
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 X 343, Pretoria, 0001.**
6. **For further information visit our website at *www.dalrrd.gov.za***

APPLICANT INFORMATION (Please print)

Full names and surname: _____

Postal Address: _____ Postal Code: _____

Physical address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Cell No: _____

E-mail: _____

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

Are you registered in another field? ☐ Yes ☐ No

If Yes, which Field (s)? _____

NAME AND ADDRESS OF EMPLOYER/OWN BUSINESS INFORMATION (Please Print)

Name of Employer/Own Business: _____

Residential/Street Address: _____

City: _____ Province: _____ Postal Code: _____

Tel : _____ Fax: _____ E-mail: _____

FIELDS 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 treatment	
(viii)	Any other relevant specialization	

EDUCATIONAL QUALIFICATIONS OBTAINED (PLEASE ATTACHED A CERTIFIED COPY)

Qualifications	Subjects obtained	Training Centre	Date Obtained

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

Name of Business/Supervisor	Field of Pest Control	Period in Training

Declaration to be made in the presence of a Justice of Peace/Commisioner of Oath
Verklaring wat voor 'n Vrederegter/Kommissaris van Ede afgele moet word

DATE/DATUM	INITIALS AND SURNAME VOORLETTERS EN VAN	TEL NO.

SIGNATURE OF DEPONENT
HANDTEKENING VAN VERKLAARDER

I, certify that the deponent has acknowledge that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature was placed thereon in my presence

Ek sertifiseer dat die verklaarder erken dat hy/sy vertroud is met die inhoud van die verklaring en dit begrip.
Hierdie verklaring is beedig/bevestig voor my en verklaarder se habdtekening is in my teenwoordigheid daarop aangebring

JUSTICE OF THE PEACE/VREDEREGTER
COMMISIONER OF OATH/KOMMISSARIS VAN EDE

Full first names and Surname
Volle voorname en Van _____

Designation (Rank)
Amp (Rang) _____

Business Address (Street Address)
Besigheidsadres (Straat Adres) _____

Date/Datum _____ **Place/Plek** _____