

- Applicants should ensure that they:
  - are familiar with the *Pesticides Regulations* (under the *Yukon Environment Act*).
  - complete all applicable sections, legibly printing or typing all information.
  - complete the signature block at the end of the form.
  - submit all required attachments.
- A pre-permit inspection may be conducted prior to the issuance of any permit.
- An assessment of the activity you are undertaking may be required under the *Yukon Environmental and Socio-Economic Assessment Act (YESAA)*.
- Additional information may be required upon receipt of this application.
- Public consultation for 14 to 30 days is required prior to the application of pesticides in the Yukon, depending on the product applied. Please be aware of this restriction when planning your application schedule.
- Payment of a technical review fee may be required prior to the issuance of this permit

The original completed and signed application form should be mailed or delivered to your local government office or:  
 Environmental Programs Branch (V-8)  
 Department of Environment  
 Government of Yukon (located at 10 Burns Road, Whitehorse)  
 Box 2703  
 Whitehorse, Yukon Y1A 2C6

For additional information:  
 Phone: (867) 667-5683 or 1-800-661-0408 ext. 5683 Fax: (867) 393-6205  
 Internet: [http://www.env.gov.yk.ca/air-water-waste/pesticides\\_regs.php](http://www.env.gov.yk.ca/air-water-waste/pesticides_regs.php)  
 E-mail: [envprot@gov.yk.ca](mailto:envprot@gov.yk.ca)

**NOTE: All use or application of pesticides specified in Pesticide Use or Pesticide Service Permits must be performed by a certified pesticide applicator.**

**1. Name and address of applicant**

Contact name and position title	Phone #
Business name or government agency/branch/department	Fax #
Mailing Address	Postal Code
Email Address	
Name (person or business) to appear on permit	

**2. Who is directly responsible for the activities requiring a permit?**

same as (1) above, or:

Contact name and position title	Phone #
Business name or government agency/branch/department	Fax #
Email Address	

**3. Check the type(s) of pesticide use or application to be undertaken.**

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|--|---|--|
| <input type="checkbox"/> agriculture                         | <input type="checkbox"/> greenhouse/agriculture | <input type="checkbox"/> fish and wildlife control |
| <input type="checkbox"/> industrial vegetation/noxious weeds | <input type="checkbox"/> biting insect control  | <input type="checkbox"/> structural/fumigation     |
| <input type="checkbox"/> forestry                            | <input type="checkbox"/> landscaping            |  |
| <input type="checkbox"/> other (specify): _____              |   |  |

**4. Describe the pests that are to be controlled by the application of pesticide**

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**5. List the approved common or trade name(s) of the pesticide(s) that the applicant seeks authorization to use:**

Product Name	Concentration	PCPA Registration No.

**6. Describe the procedures and equipment to be used in the use or application, including a description of aircraft, watercraft or vehicle to be used if applicable.**

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**7. Describe the location where the pesticide is to be applied, including a description of the extent of the property or area to which the pesticide will be applied (attach maps of the proposed area). Please include the legal address (Lot #, Block, Plan #, Quad/Group) and civic address of the property(ies) and Geographic Coordinates (centre of site in lat/long, UTM (specify zone) or Yukon Albers).**

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**8. Provide information regarding land ownership for the area subject to the application of pesticides.**

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*Note: If the applicant is not the owner of the property where the uses or application of pesticides will occur, the written consent of the owner is required. Please attach a separate sheet for this purpose.*

**9. If the location is within municipal boundaries, what is the zoning of that land? (For multiple site locations, list on a separate sheet).**

*Applicants must comply with municipal bylaws and ensure they are aware of any restrictions on activities in zoned areas.*

**10. If an aircraft is proposed to be used, provide:**

- the pilot's name and flight crew licence number issued under the Aeronautics Act (Canada):

- the pilot's qualifications for and experience in the application of pesticides from aircraft:

-ownership of the aircraft:

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**11. Describe the facilities, equipment and site(s) for mixing and loading of pesticides.**

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**12. Describe the storage area for pesticides.**

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**13. Describe the soil type, distance to groundwater (if known), and distance to any open bodies of water from central mixing, loading or storage locations.**

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**14. Describe measures to properly manage wastes, including handling of empty pesticides containers, pesticide residues and disposal of unused pesticides.**

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**15. Describe any monitoring of the application site, or sampling of soil, groundwater, surface water or vegetation that is to be conducted after the use or application of the pesticide.**

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**16. Provide information regarding how notification of pesticide activity will be communicated to the public or persons whose rights may be affected by the pesticide application, e.g. location of posted signs, advertisements, etc. Note that 14 to 30 days notification of application of pesticides is required, depending on the product(s) used.**

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**17. Describe any contingency plans in the event of a spill or theft of a pesticide, or a fire involving pesticides, including a description of any equipment proposed to be used in such an emergency.**

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**18. Provide the following information for each certified pesticide applicator and assistant applicator used by the applicant. [Attach a separate sheet if necessary]**

*Applicator #1:*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing address \_\_\_\_\_ Fax # \_\_\_\_\_

Certification number and originating province/territory: \_\_\_\_\_

Relevant training and prior experience: \_\_\_\_\_

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*Applicator #2:*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing address \_\_\_\_\_ Fax # \_\_\_\_\_

Certification number and originating province/territory: \_\_\_\_\_

Relevant training and prior experience: \_\_\_\_\_

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19. Describe details of the training to be provided to individuals assisting the certified pesticide applicators.

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20. Describe any alternative or biological pest control measures used or considered.

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If you intend to use or apply a commercial or restricted pesticide:

- from an aircraft;
- into, on, over or within a horizontal distance of 30 metres from an open body of water; or
- which is listed in Schedule 4 of the Pesticides Regulations,

Or if you intend to use a pesticide exempted from registration under the PCPA for research purposes,

Please complete #21 - #23

21. a) If applicable, describe the type of research that is to be conducted.

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b) Give the name of the project leader or the agency responsible for the research.

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22. Specify (if known), the day, month and year of the proposed use or application of pesticides.

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23. If the applicant proposes to use or apply the pesticide in, on, over, or within 30 horizontal metres of an open body of water, provide details of the proposal.

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If you intend to use or apply, or offer to use or apply a domestic, commercial or restricted pesticide for reward or hire, please complete #24

24. Describe the type(s) of services provided.

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I, \_\_\_\_\_ [print name clearly], am the authorized representative of \_\_\_\_\_ [business person responsible for source or activity], and I certify that the information provided on this application form is correct and complete to the best of my knowledge.

All attachments and site-specific information forms comprise part of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
No. of attachments

This information is being collected under the authority of Section 10 of the *Pesticides Regulations*. For further information, contact the Environmental Programs Branch at (867) 667-5683 or toll free at 1-800-661-0408 extension 5683.