

- 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, including the permit fee.
- 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.

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)

**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. Location and description of all pesticide storage areas related to this application:**

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**4. Owner of the land to which this application applies:**

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

Mailing address \_\_\_\_\_ Postal code \_\_\_\_\_  
*Note: If the applicant is not the owner of the property where the permitted activity will occur, the written consent of the owner is required. Please attach a separate sheet for this purpose.*

**5. 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.*

**6. Check which activity applies to your business:**

- sell commercial or restricted pesticides at wholesale level** (“sell at wholesale” means to move from one location to another for the purposes of distribution, or to provide to or sell to a person, other than for the purpose of use or application, and includes the operation of a storage facility)
- sell commercial or restricted pesticides at retail level** (“sell at retail” means to provide to or sell to a person for the purpose of use or application and not for the purpose of resale)

**7. If applicable, provide the location (civic address, legal address (Lot #, Block, Plan #, Quad/Group) and Geographic Coordinates (lat/long, UTM (specify zone) or Yukon Albers) and description of each premise or outlet where the applicant may sell pesticides at wholesale**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. If applicable, provide the location (civic address, legal address (Lot #, Block, Plan #, Quad/Group) and Geographic Coordinates (lat/long, UTM (specify zone) or Yukon Albers) and description of each premise or outlet where the applicant may sell pesticides at retail.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. List the approved common or trade name(s) of the pesticide(s) that the applicant seeks authorization to sell: (list on a separate sheet if necessary)**

Product Name	Concentration	PCPA Registration No.

**10. If applicable, describe the procedures, materials and facilities to be used for repackaging a pesticide or selling a pesticide in bulk.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Provide the name and the relevant experience and qualifications of the individual responsible for each premise or outlet.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Provide a 24-hour emergency number for the vendor or his/her agent: \_\_\_\_\_**

**13. Describe any human food or beverages or animal food stored or sold on the premises, and any proposed procedures for handling, storing and displaying pesticides to prevent contamination of food.**

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**14. Describe the contingency plans in the event of a theft or spill of a pesticide or a fire.**

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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.