



Annual Summary
Reportable Pesticide Sales For The Year 20

This annual summary form can be submitted to the Ministry of Environment by mail, courier, or by fax and must be submitted prior to April 1.

Mail or Fax: Administrator, Integrated Pest Management Act
Integrated Pest Management Program
Ministry of Environment
PO Box 9377 Stn Prov Govt
Victoria BC V8W 9M6
Fax: (250) 356-0299

Courier: Administrator, Integrated Pest Management Act
Integrated Pest Management Program
Ministry of Environment
525 Superior Street
Victoria BC V8V 1T7

1. LICENSEE INFORMATION

Licensee Name
[Text input box]

Licence Number
[Text input box]

Address
[Text input box]

City, Postal Code
[Text input box]

Contact First and Last Name
[Text input box]

Contact Telephone (###) ###-####
[Text input box]

2. ANNUAL SUMMARY

- Please complete this record accurately. The most common mistake in completing these records is writing down the wrong P.C.P. Act Registration Number.
Do not report any DOMESTIC pesticide sales.
Report all non-Excluded class, federally-labelled COMMERCIAL, AGRICULTURAL, FORESTRY, INDUSTRIAL, and RESTRICTED pesticide sales made over the last calendar year (January 1 – December 31).
The only acceptable units for reporting quantities sold are litres or kilograms (not "jugs", "cases", mL etc.).
Record each separate product on a separate line, even if the products are packaged together for sale.

Table with 4 columns: Pesticide Product Trade (Brand) Name, Active Ingredient(s), P.C.P. Registration Number, Quantity Sold (in L or kg). Includes example row: (e.g.) Ratak + Rodenticide Pellets, brodifacoum, 16064, 44.5 kg.

Pesticide Product Trade (Brand) Name	Active Ingredient(s)	P.C.P. Registration Number	Quantity Sold (in L or kg)

No reportable sales

3. AUTHORIZATION

I certify that this is an accurate and true summary of reportable pesticides sold by this licensee for the 12 months ending December 31,

Name

Title

Signature of Applicant or Agent

→ OR:

By checking this box, I declare that the information contained on this form is complete and accurate information and that I am authorized to sign on behalf of the Licensee.

Date Signed (MMM/DD/YYYY)