

NOTICE OF PESTICIDE USE



DANGER

DEADLY FUMIGANT GAS

KEEP OUT

Treatment Area:

Pest(s) To Be Controlled:

Pesticide Active Ingredient:

Registration Number (PCP):

Pesticide Application to
Commence:

Date:

Start time:

Certified Fumigator's Name:

Licence Holder's Name:

Licence Number:

24 hour Telephone Number:

Do not enter for any reason while this sign is posted!

Precautions to Minimize
Exposure to Pesticides:

Do not remove this sign!

This sign may be removed only by the licenced fumigator responsible for this fumigation