



# NOTICE OF PESTICIDE USE

Treatment Area:

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Pest(s) To Be  
Controlled:

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Pesticide Active  
Ingredient(s) &  
Registration  
Number(s)  
(PCP):

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Start Time and Date of  
Pesticide Application:

\_\_\_\_\_

H:MM

Licensee Name:

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Licence Number:

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Telephone  
Number:

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Precautions to Minimize  
Exposure to Pesticides:

**Do not enter the  
treated area before:**

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Do not remove this sign before \_\_\_\_\_

For emergency medical information contact:  
B.C. Drug and Poison Information Centre 1-800-567-8911 or 604-682-5050