



Notice of Intent to Treat for Confirmation Holders

FORM REFERENCE CODE: EPD-IPM-06.2

INSTRUCTIONS:

A confirmation holder must submit a Notice of Intent to Treat to the Ministry of Environment and Climate Change Strategy at least 21 days before the first use of pesticides in a calendar year.

Please submit the Notice of Intent to Treat (this form) electronically to IPMReporting@gov.bc.ca. Files in PDF format are preferred.

Please follow this format when naming the subject line of your email:

- YYYY NIT Confirmation#
- E.g. 2020 NIT 126-343-19-24

Maps and additional information must be submitted electronically with this form. If large files prevent email submission, please use the ministry's File Transfer Service: <http://www.env.gov.bc.ca/csd/imb/soft/soft.shtml>.

Section 1: Confirmation Holder Information

Confirmation Number as issued by the ministry	402-0672-17/22			1
Confirmation Holder Name Exactly as it appears on the Confirmation	Lorraine Maclauchlan			2
Address	Unit # / Street 441 Columbia Street			3
	City Kamloops	Province BC	Postal Code V2C 2T3	4
Contact First and Last Name	Lorraine Maclauchlan			5
Contact Numbers e.g. (999) 999-9999	Phone (250) 828-4179	Mobile 250-319-4262		6
Email Address	lorraine.maclauchlan@gov.bc.ca			7



Section 2: Authorized Agent Information

The confirmation holder may authorize an agent to deal with the ministry directly on future aspects of this registration. This section must be completed in full if an agent is used. An agent is a person who is not an employee of the confirmation holder.

Agent's Company Legal Name <i>as registered with the BC Registrar of Companies</i>				1
Doing Business As <i>if different than above</i>				2
Agent's Last Name				3
Agent's First Name				4
Agent's Title				5
Mailing Address	Unit # / Street			6
	City	Province	Postal Code	7
Contact Numbers <i>e.g. (999) 999-9999</i>	Phone	Mobile		8
				9
Email Address				

In this section:

"confirmation holder" means the applicant as identified in section 1 of this form;

"agent" means the agent as identified in section 2 of this form.

I/we (the confirmation holder) hereby authorize the above-named agent to deal with the ministry directly on all aspects of this Notice.

Confirmation Holder Name <i>NOT the Agent</i>		10
Date signed <i>(YYYY / MM / DD)</i>		11
Signature of Confirmation Holder		12



Section 3: Treatment Location Information

Treatment Year (YYYY)

2021

Please provide a general description of the treatments for the year below

Thompson Okanagan Region: Twelve blocks located within the Thomson Okanagan Region

Blocks 1-6: located south of Kamloops Lake and in the Criss Creek area (16,099 ha)

Blocks 7-12: located in the North Shuswap area to Perry River and Griffin Lake areas (13,062 ha)



Provide a description of the proposed treatment for each treatment area, including the pesticide to be used and the method(s) of application in the provided table.

- Treatment location identifier refers to where the pesticide is to be used. (e.g. cutting permit and block # in forestry; lease site identifier in oil & gas; mile-markers for railway, etc.)
- Treatment locations noted should be identified on an attached reference map.
- Use an additional page if further description is required.
- As an alternative to filling out the table below, it is acceptable to submit an Excel file or other spreadsheet, provided that the data is submitted in the same format as the table below and is accompanied by the completed and signed form.

Treatment location identifier	Pesticide product name	Active ingredient(s)	P.C.P. Registration Number	Size of area treated (ha) ¹	Method(s) of application
Deadman Cree	Foray 48B	Bacillus thuringiensis var	24977	313	Aerially via helicopter
Criss Creek	Foray 48B	Bacillus thuringiensis var	24977	3,828	Aerially via helicopter
Greenstone Mtn	Foray 48B	Bacillus thuringiensis var	24977	3,146	Aerially via helicopter
Beaton Creek	Foray 48B	Bacillus thuringiensis var	24977	5,208	Aerially via helicopter
Indian Garden	Foray 48B	Bacillus thuringiensis var	24977	1,936	Aerially via helicopter
Barnes Creek	Foray 48B	Bacillus thuringiensis var	24977	1,668	Aerially via helicopter
Perry River	Foray 48B	Bacillus thuringiensis var	24977	1,262	Aerially via helicopter
Mt. Griffin	Foray 48B	Bacillus thuringiensis var	24977	1,324	Aerially via helicopter
Pukeashun south	Foray 48B	Bacillus thuringiensis var	24977	2,105	Aerially via helicopter
Pukeashun north	Foray 48B	Bacillus thuringiensis var	24977	2,096	Aerially via helicopter
Josh Mtn. north	Foray 48B	Bacillus thuringiensis var	24977	2,278	Aerially via helicopter



Treatment location identifier	Pesticide product name	Active ingredient(s)	P.C.P. Registration Number	Size of area treated (ha) ¹	Method(s) of application
Total area treated with pesticides (ha):				29,159	

Section 3: Map

A map or diagram must be submitted that identifies the proposed treatment locations that are listed in the table above. This map or diagram does not need to go down to the level of detail that would show exact treatment areas and the geographic features that require a pesticide-free zone (PFZ) or a no-treatment zone. This type of detailed map must be prepared and retained by the confirmation holder and must be provided to a ministry inspector upon request. However, if the confirmation holder chooses, it is acceptable to submit these detailed maps with this Notice of Intent to Treat. For example, this may be the case if the confirmation holder is sending the Notice of Intent to Treat to other stakeholders as well.

This information should be consistent with the pest management plan and the pesticide use notice that relate to this confirmation.

Map is attached to this form or provided as an electronic attachment.

Section 4: Wood Poles

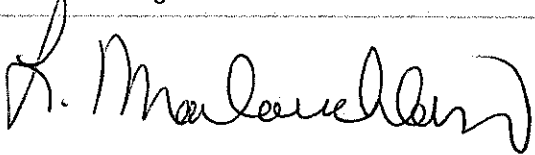
Only complete this section if you intend to treat wood poles as a confirmation holder.

Number of poles proposed to be treated:



Section 5: Authorization Declaration

I am:	<input checked="" type="checkbox"/> A confirmation holder <input type="checkbox"/> An agent	1
Certification:	<input checked="" type="checkbox"/> I declare that the information contained on this form is complete and accurate.	2
Reporting Year:	2021	3

Full Name:	Lorraine Maclauchlan	4
Title:	Forest Entomologist	5
Signature:		6
Date signed: (YYYY / MM / DD)	2021-04-01	7