



Ministry of Environment

Pesticide Use Permit Application

This application is submitted under the *Integrated Pest Management Act* to obtain a permit for the use of pesticides as prescribed under the Integrated Pest Management Regulation (IPMR) Section 18. Following the submission of this application, the applicant will be provided an application number by ministry staff and instructed to consult the public in accordance with IPMR Section 60. The applicant must submit evidence of consultation and a statement of action proposed in response.

Permit Application Number: 402-0669-17/17

Pesticide use may not proceed unless a permit has been issued.

A fee of \$1,000 must be submitted with this application. The fee is non-refundable once processing has occurred.

PLEASE PRINT CLEARLY. PROVIDE ADDITIONAL SHEETS IF REQUIRED.

1. Full Legal Name of Applicant

This name must be a Limited or Incorporated Company registered with the BC Registrar of Companies. Please provide the name exactly as registered along with the incorporation registration number. **If the applicant is not a Limited or Incorporated Company use full personal name.**

British Columbia Ministry of Forests, Lands and Natural Resource Operations				
Applicant's Name			B.C. Incorporation Registration #	
Tim Ebata				
Business Operating Name, if different from above (i.e. Doing Business As)			Name of the Contact Person for the Permit	
Suite #	P.O. Box 9513 Stn. Prov. Govt	Victoria	BC	V8W 9C2
	Street Name and Number	City	Province	Postal Code
Tim.Ebata@gov.bc.ca	(250) 356-8739			
E-mail Address		Area Code + Telephone #		Area Code + Cell Phone #

2. Name of the Owner or Manager of the Treatment Location

Various: includes Crown, Private and Municipal properties

3. Purpose of Proposed Pesticide Use

Eradication of a small isolated population of gypsy moth, *Lymantria dispar*, (North American strain)

4. Proposed Start and End Date of Pesticide Use

April 15, 2015	2017	04	15	June 30, 2015	2017	06	30
Commencement Date	Yr.	Mo.	Day	Completion Date	Yr.	Mo.	Day

5. Description of the Geographic Area to be covered by the Permit

Describe the location of the proposed treatment area:

- 186 hectares included within the Municipality of Saanich (see overview map and detailed maps attached)

For MOE IPM Office Use Only			
Date received:		Date permit mailed:	
Payment	OK ()	Not Attached ()	Incomplete () or Incorrect ()
Log No.:	Permit Expiry Date:		Permit No:
Application Processed by:	Referral to BCPC () Regions () () ()		Region(s):

6. Type of Pesticide Use Requiring a Permit

Please check the category below that corresponds with your intended pesticide use. Note: the category must be for a pesticide or pesticide use as prescribed under the Integrated Pest Management Regulation Section 18.

- a) Permit-restricted pesticide
- b) Aerial application of a pesticide
- c) Use of a pesticide in or on a body of water
- d) Use of a pesticide on public land not prescribed as requiring a licence for confirmation
- e) Use of a pesticide under a confirmation or licence requiring an exemption from the applicable prescribed standards in Division 7, Part 2 of IPMR

If the prescribed use for which a permit is required falls under e) above, provide details of the regulated standard that the permit applicant considers impractical to meet and why. Propose alternative terms and conditions that in the opinion of the applicant will not cause unreasonable adverse effects.

7. Pesticide Information

a. Active Ingredient (common name)	b. Pesticide Trade Name	c. P.C.P. No.	d. Application Rate (litres/ha for each of up to 4* applications)	e. Treatment Area (ha)	f. Quantity (litres)
<i>Bacillus thuringiensis</i> sub species <i>kurstaki</i> , Strain HD-1 (Btk)	Foray® 48B	24977	4.0 L/ha per application (50 BIU/ha/application)	Saanich : 186	2,976
			*3 applications are intended (and the basis for total quantity of product to be used). A 4th application would only be required to partial sites in case of adverse weather conditions immediate after any given spray		

8. Application Method

Aerial application by fixed or rotary wing aircraft appropriately equipped for aerial spray operations and in compliance with Transport Canada requirements.

9. Signature

The undersigned declares that the use of pesticides under the authority of this permit will comply with the *Integrated Pest Management Act and Regulation*.

Print Name: Tim Ebata

Position Title: Provincial Forest Health Officer

Signature: _____

Date: _____

Payment Form

For MOE IPM Office Use Only

Log Number:

Amount of Payment Submitted (\$1,000 is required): .00

Form of Payment

The Ministry of Environment now accepts VISA or MASTERCARD as well as cheque or money order.

Please indicate how you would like to pay:

Cheque Money Order Credit Card (Please provide credit card information in the area below)

Cheque or Money Order Payment Option

For payment by Cheque or money order please make payable to **Minister of Finance** and mail to the address below.

Name as it appears on cheque or money order: _____

Credit Card Payment Option

Do not complete this section if you are paying by cheque or money order.

Please bill my VISA MASTERCARD

Name as it appears on Credit Card: _____

Name of applicant if different than name on Card: Elizabeth Easton (Contact for JV)

Contact telephone number for Card holder: (250) 953-3488

Credit Card number: _____

Credit Card Expiry Date: _____

Signature: _____ **Payment by Journal Voucher between FLNRO and MoE**

Note: Credit card information provided on this form will not be retained. Upon authorization of payment request this page will be destroyed.

Mailing and Contact Information

Please send this Permit Application, including this payment form, along with a cheque, money order or credit card payment.

MAILING ADDRESS

IPM PROCESSING
MINISTRY OF ENVIRONMENT
PO BOX 9377 STN PROV GOVT
VICTORIA, BC V8W 9M1

COURIER ADDRESS

IPM PROCESSING
MINISTRY OF ENVIRONMENT
3RD FLOOR, 2975 JUTLAND ROAD, VICTORIA, BC V8T 5J9

FAX NUMBER

(250) 356-0299

For use with credit card option

GENERAL INFORMATION NUMBER

For information phone the Ministry receptionist at (250) 387-9502. Indicate the subject of your enquiry and you will be promptly directed to the appropriate staff member.

Please allow 90 days for the review of this permit application.

Clearly mark the location of sites where pesticide use is intended.

