

APPLICATION FOR PESTICIDE AND TOXIC CHEMICAL ESTABLISHMENT REGISTRATION

1.	Applicant Name	2. Name of Business			
3.	Address				
4.	Telephone No.	5. Fax N	0.	6. E-mail Address	
7.	Additional Business Location (Separate application are required for EACH location)				
8.	Storage Bond Location and Size.				
9.	Partnership				
Name of Partner:					
Business Address:					
10.	Corporation				
Date of Incorporation:					
Full Name of Officers and Addresses:					
Name	Designation			Address	
11.	Sole Ownership				
Name of Owner and Address if different					
12. Individual, Partnership or Corporate Acknowledgement:					
	I, being duly sworn, depose and say that I am the Owner				
/ Partner / Designated Representative of the business					
The information contained in this application is true and complete to my own knowledge or based upon					
information which I believe to be true and that I have signed the application under authority to do so					
and I acknowledge that I must keep records and file annual reports according to the Pesticides and Toxic					
Chemicals Control Act 2000 and its Regulations.					
Signatu	ire	_			
Sworn t	before me this day c	of	ye	ear	
Notary Public					

Tel: (592)-220-8838/8880.

Fax: (592)-220-8933