

# Application for a Pesticide Exterminator Licence

General Information and Instructions  
Ministry of the Environment and Climate Change

## **General:**

Information requested in this form and supporting documentation is collected under the authority of the Pesticides Act and Ontario Regulation 63/09 and will be used to evaluate applicants for Exterminator licences according to the requirements of the Pesticides Act. The personal information collected in this application will be used to administer the pesticides licensing program, including for the purposes of the Ministry's compliance and enforcement activities under the aforementioned act. This information is considered to be personal information that is not releasable to the public, as governed by the Freedom of Information and Protection of Privacy Act (FIPPA). Questions about the collection of this information can be directed to a Client Service Representative, Environmental Approvals Access and Service Integration Branch (EAASIB), Ministry of the Environment and Climate Change (MOECC), 135 St Clair Ave W, 1<sup>st</sup> Floor, Toronto, ON, M4V 1P5; telephone outside Toronto 1-800-461-6290 (toll free) or in Toronto 416-314-8001, fax 416-314-8452 or email [EAASIBGen@ontario.ca](mailto:EAASIBGen@ontario.ca).

## **Instructions:**

1. **Applicants are responsible for ensuring that they complete the most recent application form.** When completing this form, please refer to the publication titled "Guide to Pesticide Licensing and Certification" (PIBS 4523). Application forms and supporting documentation are available from EAASIB, from your local MOECC District Office, and on the MOECC's website at: <http://www.ontario.ca/pesticides>
2. Questions regarding completion and submission of this application should be directed to EAASIB or to your local District Office of the MOECC.
3. To apply for an Exterminator licence, the applicant must:
  - a. Have successfully completed, within the previous twelve months, a certification course approved by the Director for licensed exterminators of the relevant class (or have qualifications considered by the MOECC to be equivalent to the certification course). **Proof of certification must accompany this form,**
  - b. Be physically fit for the purpose of performing exterminations,
  - c. Be at least 16 years of age, and
  - d. Have completed grade 10 or have other qualifications that the Director considers equivalent.
4. Please forward the completed application along with your fee and any supporting information by fax to (416) 314-8452 or by mail to **(do not submit by email):**

Director, Pesticides Act  
Environmental Approvals Access and Service Integration Branch  
Ministry of the Environment and Climate Change  
135 St Clair Ave W, 1<sup>st</sup> Floor, Toronto, ON, M4V 1P5

### **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

5. An Ontario Exterminator licence authorizes pesticide use according to the terms and conditions of the licence. For more information about the different types of Ontario Exterminator licences, please refer to the publication titled "Guide to Pesticide Licensing and Certification" (PIBS 4523).
6. The Ontario Pesticides Training & Certification Program administered by Ridgeway Campus, University of Guelph, is the provincially recognized educational institution for pesticide licence certification. For information regarding certification, please call 1-888-620-9999 or 1-519-674-1575.
7. Exterminator licences are issued for a five year period at a cost of **\$90.00 each**. A certified cheque, money order or credit card payment must be made payable to the *Ontario Minister of Finance*. **Other methods of payment will not be accepted.**

Note: If the applicant for a new Ontario licence has an existing Ontario licence on file, the expiry date for the new licence will be aligned with the expiry date for existing licence(s) on file and a pro-rated fee of \$1.50 per month will be charged. **\*Please pay by credit card if pro-rated fees are to be charged.\***
8. The Exterminator **must** notify the MOE of any changes to the information contained in the application in writing within **10 days** of the change as per Section 36 (5) of Ontario Regulation 63/09. Please use the "Pesticide Licence Information Update Form" (PIBS 4890) available on the MOE website identified above.



# Application for a Pesticide Exterminator Licence

Ministry of the Environment and Climate Change

Ce formulaire est disponible en français

For Office Use Only	
Licence Number	Billing Number

## 1. Licence Information

New licence(s) applied for:					
<b>Structural:</b>	<input type="checkbox"/> Fumigation General	<input type="checkbox"/> Fumigation Soil	<input type="checkbox"/> Fumigation Vault	<input type="checkbox"/> Fumigation Commodity	
	<input type="checkbox"/> Termite	<input type="checkbox"/> Greenhouse / Interior Plant	<input type="checkbox"/> Structural		
<b>Land:</b>	<input type="checkbox"/> Landscape	<input type="checkbox"/> Aerial	<input type="checkbox"/> Forestry	<input type="checkbox"/> Industrial Vegetation	<input type="checkbox"/> Agriculture
<b>Water:</b>	<input type="checkbox"/> Aquatic Vegetation	<input type="checkbox"/> Fish/Mollusc	<input type="checkbox"/> Mosquito/Biting Flies		
Existing Licence Number(s)	Type/Class (Description)		Date of Expiry (dd/mm/yyyy)		

Note: 1) Attach a separate list if more space is required.  
 2) A pro-rated fee may apply to applicants for a new licence that have an existing licence on file. For more information, refer to Instruction 7 on the General Information and Instructions page.

## 2. Applicant Information

First Name	Middle Initial	Last Name
Has the applicant successfully a) completed a pesticide certification course for the new licence in the last twelve months? or b) obtained other qualifications that the Director considers equivalent?		<input type="checkbox"/> Yes
		<b>Note: proof of Ontario certification or equivalent must accompany this form.</b>

## 3. Applicant Mailing Address

Apartment/Suite	Address (street number & name, rural route or general delivery)		
City	Province/Territory/State	Country	
Postal Code/Zip Code	Telephone/Cellular Number (including area code & extension)	Fax Number (optional)	Email Address (optional)

## 4. Employer Information (if applicable)

Business Name	Operator Licence Number		
Is the Employer address information the same as the Applicant Mailing Address provided in section 3 (above)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, please include employer address information below</b>			
Apartment/Suite	Address (street number & name, rural route, general delivery or PO Box)		
City	Province/Territory/State	Country	
Postal Code/Zip Code	Telephone/Cellular Number (including area code & extension)	Fax Number (optional)	Email Address (optional)

**5. Supporting Information Checklist – This is a list of all supporting information to this application and is subject to the Freedom of Information and Protection of Privacy Act (FIPPA)**

Attachment	Required?	Required if...	Confidential ( x )
Application Fee: Certified Cheque, Money Order or Credit Card	Yes	Always Required	<input checked="" type="checkbox"/>
Copy of proof of certificate	Yes	Always Required	<input checked="" type="checkbox"/>
Other Attachments		Please specify:	<input type="checkbox"/>

**6. Signature of Applicant**

**I, the undersigned hereby declare that, to the best of my knowledge:**

- The information contained herein and the information submitted in support of this application is complete and accurate in every way and I am aware of the penalties against providing false information as per s.17(5) of the Pesticides Act.
- I am physically fit to perform extermination.
- I am at least 16 years of age.
- I have a minimum grade 10 standing (if you do not, you must contact the Director under the Act and provide qualifications for consideration of equivalency by the Director.)

Signature	Date (dd/mm/yyyy)
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**Internal Staff: Tear Here**

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Licence Number	Billing Number

**7. Payment Information (include credit card & licence information if using this payment option)**

Amount Enclosed	
Total Number of Licences Applied for: _____ x \$90.00 each = \$ _____	
Method of Payment	
<input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card Information (if paying by credit card)	
Name on Card (please print)	Expiry Date (mm/yy)
Credit Card Number	
Cardholder Signature	Date (dd/mm/yyyy)

**This page can only be mailed or faxed to our office with the application. For the protection of your credit card information, do not submit by email.**

**For office use only:** this page is to be detached from the application form upon the issuance of the licence