

FORM VI-A

[Rule 10(3A)]

APPLICATION FOR THE GRANT OF LICENCE TO STOCK AND USE RESTRICTED INSECTICIDE(S) FOR COMMERCIAL PEST CONTROL OPERATION(S)

To
The licensing authority,

1. Full name of the applicant (block letters)_____
2. Address: _____

1. registered office_____
2. zonal office_____
3. premises for which applications is made_____

3. is the applicant already in business or newcomer_____
4. qualification of responsible technical person._____

1. educational qualification_____
2. training in pest control operations
3. experience in using restricted insecticide (s) (Attach proof in respect of claims)_____

5. if in the trade, give full particulars of the names of restricted insecticide(s) handled and categories of operation undertaken, the periods and the place(s) at which the trade was carried on._____
6. Quantity(s) of each restricted insecticide in possession on the date of application (give details of places where it is stored)_____
7. Details of person engaged or proposed to be engaged (attach separate sheet, duly authenticated)_____
8. Details of safety application available to along with antidotes and all other facilities required under chapter will be stored for use._____
9. Situation of the branch office and depots where the restricted insecticide(s) will be stored for use._____
10. Name(s) of restricted insecticide(s) which the applicant describe to use._____
11. Category(s) applied for._____
12. Particulars of the fee(s) deposited._____
13. Whether technical expertise _____