

Pesticide Licence Information Update Form

Ce formulaire est disponible en français

Ontario
Ministry of the Carrier

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General Information and Instructions

- Pesticide exterminator, operator and vendor licence holders must notify the Director (in writing) of any changes to the information submitted in their original application within 10 days of the change, as per section 36(5), 38(12) and 40(4) of Regulation 63/09.
- Information requested in this form is collected under the authority of the Pesticides Act, RSO, 1990 Ontario Regulation 63/09 and will be used to evaluate requests to update information received in application of an Ontario Pesticide Exterminator, Operator and/or Vendor licence.
- Please forward the completed form to:

FH St. Clair Avenue Toronto, ON., M4V 1 Phone: 1-800-461-6 Fax: 416-314-8452	1Ú5			
1. Application Type				
Reason for Request (select all	ll that apply)			
☐ Change of Name	☐ Change of Address	☐ Licence	e(s) Lost or Stolen	☐ Insurance Information Update
☐ Certified Outlet Represen	ntative Update	☐ Other (describe):	
Licence Number(s) (attach a s	separate list if more spac	e is required)		
2. Name Change (complete thi	is section if the applicatio	n includes a name	e change)	
Current Name of Licence Hold			<u> </u>	
First Name		Middle Initial	Last Name	
Business Name		•		
Change Name to (proof of legal	al name must accompar	ny change of name	e requests relating to (Operator or Vendor licences)
First Name		Middle Initial	Last Name	
Business Name		-	1	
3. Change of Address				
Mailing Address (the address	where mail is delivered)			
	Address (street number & na	me, rural route, gen	eral delivery or PO Box)	
City	Provinc	ce/State		Country
•				
Postal Code/Zip Code	l Teleph	Telephone Number (including area code & exte		Fax Number (optional)
		in the first term of the first	3	
Physical Address (the address	s where the business is r	hysically located -	– if different than maili	ng address)
	Address (street number & n			

1235 (04/2015) PIBS 4890e

Country

Province/State

4. Lost or Stolen Licences						
Reason for Request:						
☐ Licence(s) damaged	☐ Licence(s) lost	☐ Licence(s) stolen	Other (desc	ribe):	
5. Insurance Information Up	odate (Operator Licer	ices Only – a copy	of the insuranc	ce policy mus	st be included)	
Policy Number	. ,	, , , , ,			iry Date (dd/mm/yyyy)	
Insurance Company Contac						
Name of Insurance Compan	у					
Apartment/Suite Number	Address (street num	ber & name, PO Box	or other mailing	address infori	nation)	
City	Pr	ovince/State			Country	
Postal Code/Zip Code	Τε	elephone Number ((including area code & extension)		Fax Number (optional)	
		eral Vendor Licenc	es Only - a cop	y of the Pest	icides Vendor Certificate must be included)	
Name of Certified Outlet Re	presentative	1 4 1	1			
First Name		Last	Name			
Pesticides Vendor Certificate Number			Expiry Date (dd/mm/yyyy)			
7. Requester Information (t	he person and addre	ss that the licence	will be sent to)			
To request a change of nam	e / address for a licer	nce, you must be:				
The holder of the I	icence(s) OR					
	nt of the company / o	rganization that ho	lds the licence(s).		
First Name		L	ast Name			
Title (e.g., licence holder, official	al rep, owner, etc.)	I		Telephone	e Number (including area code & extension)	
Apartment/Suite Number	Address (street number	er & name, rural route	ə, general deliver	y or PO Box)		
City	Province/State	Cou	Country		Postal Code/Zip Code	
Signature			Date (dd/m	nm/yyyy)		

Please Note - Operator and Vendor Licences:

- Pesticide licences are not transferable. If the business owner has changed, you must contact the Environmental Approvals Access and Service Integration Branch at 1-800-461-6290 for information about applying for a new licence.
- If the name of the company has changed, proof of legal name for the company must be included.

Examples include a copy of:

Updated Corporate Profile Report, Master Business Licence, "Initial Notice or Notice of Change", Articles of Incorporation, Extra-Provincial Licence (for out of Province companies), Birth Certificate (for applicants applying as an individual) Proof of legal name must be submitted for any change of name relating to an Operator or Vendor licence.

- A copy of the Pesticide Vendor Certificate is required for any update to the Certified Outlet Representative (General Vendors).
- A copy of the insurance policy is required for any update to the insurance information (Operators).

1235 (04/2015) PIBS 4890e