



The Poisonous Substances (Guernsey) Law, 1994

The Control of Poisonous Substances (Guernsey) Regulations, 2014 as amended

APPLICATION TO USE A LICENSED CHEMICAL

Name of Applicant:

Name of Chemical:

Postal Address of Applicant:

Address where Chemicals are to be used:

Tel: -----

Tel: -----

Crop	Area	Supplier	Self or Contractor

1. Is this your first application to use THIS substance? YES/NO
2. Do you have and use adequate locked storage facilities to store chemicals? YES/NO
3. Do you have and use adequate protective clothing, which is in good condition? YES/NO
4. Is the equipment to apply chemicals in good condition? YES/NO
5. Do you have a P.S.3 register and record all pesticide applications in it? YES/NO

I am aware that the licence and the conditions contained therein must be strictly adhered to.

Signed:

Date:

Plant Protection Unit use only

Guernsey Water Catchment Area: _____

Quantity Recommended:

Comments on the Application:



Data Protection - How we collect and use information

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