



agriculture,
forestry & fisheries

Department
Agriculture, forestry & fisheries
REPUBLIC OF SOUTH AFRICA

REGISTRAR: ACT No. 36 OF 1947

Agriculture Building, Beatrix Street
Private Bag X343, PRETORIA, 0001, Republic of South Africa
Enquiries: R. Hefer, Tel.: (012) 319-7187, Fax: (012) 319-7179, Ref: 16/1/1
Visit our website at www.daff.gov.za/act36/main.htm

Dear Sir/Madam

ACT No. 36 OF 1947: REGISTRATION AS A PEST CONTROL OPERATOR

1. Your enquiry regarding the registration of Pest Control Operator refers
2. Any person who reward OR in the course of a business, industry or trade uses an agricultural remedy must register as a Pest Control Operator in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947) as amended and the regulations relating thereto as published in Government Notice No R.1449 of 1 July 1983
3. According to these regulations, an application can only be considered if the applicant submits the following:
 - * The prescribed application fee of **R1 445,00** to this office: **Please note: Cheques/ Postal orders** must please be made to the **Director-General: Agriculture OR internet transfer: Bank name: Standard Bank, Branch name: Arcadia, Branch code: 010845, Account name: NDA-Act 36 of 1947, Account no.: 011203102, Ref. 16 PC 1.**
 - * A complete application form (copy attached).
 - * Sworn affidavit (copy attached)
 - * A medical report completed by a qualified medical practitioner (copy attached)
 - * Submit a detailed sworn affidavit in your own words regarding experience in the particular field you require registration (\pm 2 pages).
 - * Your supervisor must also confirm that the above-mentioned is true. (This will be a registered pest control operator.)
 - * Certified copies of all relevant certificates. (Modules 101, 102, etc.)
 - * Certified copy of highest school qualification or tertiary qualification.

The application must comply with at least one of the following requirements:

- (a) Regulation 2(3)(b): The National Certificate in Pest Control must be obtained. This correspondence course is presented by the following:

- * Pest Management Academy (PMA)
Contact person: Mr H. Pottas, P.O. Box 1065, Menlyn, 0077
Tel. No.: 0861 99 99 00
Fax No.: 086 618 4850

Course co-ordinator: Mr H. Pottas
Tel. No.: 083 294 8022 / 0861 99 99 00 / (012) 460-9653
E-mail: ipmc@vodamail.co.za

- * Pest Control Service Industries Board (PCSIB)
Contact person: Administrator: S. van Wyk, P.O. Box 8129, CENTURION, 0046
Tel. No.: (012) 654-7708
Fax No.: (012) 654-0248

Course Co-ordinator: Simone van Wyk

Tel: 012-654 7708

E-Mail: simone@pcsib.org.za

All enquiries regarding this course should be made to the Pest Control Service Industries Board.

NOTE: Fees are subject to change as required by the Legislation.

- (b) Recognizes and has administered agricultural remedies for at least six months under supervision
Regulation 2(3)(c) Has successfully completed a course of instruction which the Registrar of a registered Pest Control Operator. Experience must be sustained by a sworn affidavit
- (c) **Regulation 2(3)(b)** In the course of a business in the presence and under the supervision of a registered Pest Control Operator has administered agricultural remedies continuously for four years. Experience must be sustained by a sworn affidavit

PLEASE NOTE:

- * The Registrar considers registration for students who are busy with the National Certificate in Pest Control. As soon as the student has successfully completed one of the main subjects (e.g. environmental Pest Control) this student may obtain registration in that field of registration. Note that Pest Biology, Principles of Pest Control and Pesticides Marketing are not main subjects
 - * The applicant must furnish proof of administering agricultural remedies for at least six months under the supervision of a registered Pest Control Operator
 - * Your supervisor must also confirm the above-mentioned
- 4 The following fields of registration are available
- (i) Aerial Application - application or advisory
 - (ii) Plant Pests and diseases
 - (iii) Weed Control
 - (iv) Structural Pest Control
 - (v) Fumigation
 - (vi) Wood Preservation
- 5 An applicant who wishes to apply for the field of Aerial Application (I) must provide proof that he/she passed the Agricultural and Veterinary Chemicals Association of South Africa's (AVCASA) Course for Aerial Crop Sprayers and should submit a copy of his/her valid pilots license. Instead of the prescribed medical report a certified copy of the medical report issued by the IAM (Institute for Aerial Medical) can be submitted. All enquiries regarding this course should be made directly to the following

CROPLIFE
 P.O. Box 1995
 HALFWAY HOUSE
 1685
 Tel No (011) 805-2000 or Fax No (011) 805-2222

PERIOD OF REGISTRATION

The registration will be valid for a period of three (3) years.

GENERAL

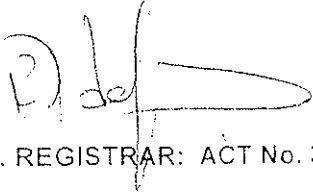
Please submit your completed application as soon as possible and ensure that you have stated the correct particulars regarding your address, ID no., telephone/cellular and fax numbers, postal codes and province. If applicable, please supply an "e-mail" address.

Please note that PCO's shall be skilled in the execution of their duties in order to retain their registration certificate. Pest Control Operators can expect to be tested for proficiency (Government Gazette No. 8783 dated 1 July 1983 refers) at any time.

Please note Renewal forms as required by the legislation are forwarded to all Pest Control Operators during the first week in April each year. The period of registration shall in the case of a PCO be valid until 31 March each year. Provided that if a registration is granted during a particular calendar year within three months prior to the applicable expiry date this application shall be valid until the expiry concerned in the following calendar year.

Should you have any further enquiries, do not hesitate to contact this office: Mr R. Tshwane at (012) 319-6970, e-mail: robertt@daff.gov.za or Mr R. Hefer at (012) 319-7187, e-mail ruperth@daff.gov.za

Yours sincerely

A handwritten signature in black ink, appearing to be 'R. Hefer', written over a vertical line that extends downwards from the signature.

p.p. REGISTRAR: ACT No. 36 OF 1947

FIELD(S) OF PEST CONTROL IN WHICH REGISTRATION IS REQUIRED /
VELD(E) VAN PLAAGBEHEER WAARIN REGISTRASIE VERLANG WORD:

- (i) Aerial Application / Lugbespuiting
- (ii) Plant Pests and Diseases / Plantplae en Siektes
- (iii) Weed Control / Onkruidbeheer
- (iv) Structural Pest Control / Plaagbeheer in Strukture
- (v) Fumigation / Beroking
- (vi) Wood Preservation / Houtverduursaming

Tertiary educational qualifications obtained (please attached a certified copy) [Reg. 2(3)(b) or (c)].

Tersiëre opvoedkundige kwalifikasies verwerf (heg asb. gesertifiseerde afskrif aan) [Reg. 2(3)(b) of (c)].

Certificate / Course of instruction Sertifikaat / Opleidingskursus	Subjects obtained Vakke verwerf	Training centre Opleidingsentrum	Date obtained Datum verwerf

Unbroken in-service training for at least four years (attached prescribed affidavit to be submitted) [Regulation 2(1)(d)].

Ononderbroke indiensopleiding van minstens vier jaar (gebruik aangehegte voorgeskrewe beëdigde verklaring) [Regulasie 2(1)(d)].

Name of business Naam van besigheid	Field of Pest Control Veld van Plaagbeheer	Period in training Tydperk in opleiding

In terms of the provisions of Act 36 of 1947, as amended and the regulations promulgated thereunder, I do hereby apply for registration as a Pest Control Operator and certify that the particulars furnished in this application are to the best of my knowledge true, correct and complete. Ingevolge die bepalings van Wet 36 van 1947, soos gewysig en die regulasie daarkragtens uitgevaardig, doen ek hiermee aansoek om registrasie as 'n Plaagbeheeroperator en sertifiseer ek dat die besonderhede wat in hierdie aansoek verstrekk is, na die beste van my wete waar, juis en volledig is.

SIGNATURE / HANDTEKENING

DATE / DATUM

Dialling Code/Skakelkode: _____

Tel.No: _____ (w)

Dialling Code/Skakelkode: _____

Tel.No: _____ (h)

Dialling Code/Skakelkode: _____

Fax No: _____

e-mail- address/e-posadres: _____ Cell/Sell.No: _____



A. (Please note: Only particulars of PCO in A / Let Wel: Net besonderhede van PBO in A)

SURNAME/VAN _____		IDENTITY NO. IDENTITEITSNO. _____	
FIRST NAMES/VOORNAME: _____			
REGISTRATION NO./REGISTRASIENO.: P. _____		SIGNATURE OF PCO/ HANDTEKENING VA PBO: _____	
THE PATIENT IS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF THIS MEDICAL EXAMINATION. DIE PASIENT IS PERSOONLIK VERANTWOORDELIK VIR DIE VOLLE BETALING VAN HIERDIE ONDERSOEK.			

**B. MUST BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER/
MOET DEUR 'N GEREGISTREERDE GENEESHEER VOLTOOI WORD**

Replies are to be indicated by means of a cross in the appropriate square (except item 1, 2, 3, 6b, 7b, 8c and 14).
If a cross appears in any YES square full details should be furnished under item 14.
Antwoorde moet deur middel van 'n kruisie in die betrokke blokkie aangedui word (behalwe item 1, 2, 3, 6b, 7b, 8c en 14).
Indien 'n kruis in enige JA blokkie verskyn moet volledige besonderhede onder item 14 verstrek word.

1. Age: _____ years Ouderdom: _____ jaar	2. Body mass: _____ kg Liggaamsmassa: _____ kg	3. Length: _____ cm Lengte: _____ cm		
4. SKIN/VEL Are there any signs or evidence of a disease? Is daar enige tekens of getuienis van 'n siektetoestand?		YES/JA	NO/NEE	
5. SKELETON AND JOINTS/BEENSTELSE EN GEWRIGTE Are there any signs or evidence of a disease or abnormality? Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?				
6. (a) HAS THE APPLICANT ANY DEFECT OF HET DIE AANSOEKER ENIGE GEBREK AAN				
(i) Hearing/Gehoor?				
(ii) Speech/Spraak?				
(iii) Teeth/Tande?				
(iv) Sight/Gesig?				
(b) VISUAL ACUITY ACCORDING TO SNELLEN'S OPTOTYPES/ GESIGSKERPTE VOLGENS SNELEN SE PROEFLETTERS				
Left eye/Linkeroog Right eye/Regteroog		Without glasses Sonder bril	With glasses Met bril	
7. CIRCULATORY SYSTEM/BLOEDSOMLOOPSTELSEL		YES/JA	NO/NEE	
(a) Are there any signs or evidence of disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?				
(b) Blood pressure/Bloeddruk				
Systolic/Sistolies:				
Diastolic/Diastolies:				
8. RESPIRATORY SYSTEM/ASEMHALINGSTELSEL		YES/JA	NO/NEE	
(a) Is chest well developed? Is borskas goed ontwikkel?				
(b) Are there any signs or evidence of disease or abnormality? Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?				
(c) *Chest size - Nipple line/Borsmaat - Tepelhoogte:				
(i) On full inspiration/By volle inaseming				
(ii) On full expiration/By volle uitaseming				
*Omit in the case of female patients/Laat weg in die geval van vroulike pasiënte.				

	YES/JA	NO/NEE
9. DIGESTIVE SYSTEM/SPYSVERTERINGSTELSEL Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
10. GENITO URINARY SYSTEM/GESLAGS URINêRE ORGANE (a) Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
(b) Is albumen, sugar, pus, blood or any other abnormal constituent present in the urine? Is eiwit, suiker, etter, bloed of enige ander abnormale bestanddeel in die urine teenwoordig?		
11. NERVOUS SYSTEM/SENUSTELSEL Are there any signs of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
12. ANY OTHER ILLNESS/ENIGE ANDER SIEKTE Is there any sign or evidence that the patient is suffering or has suffered from any other illness? Is daar enige tekens of getuienis dat die pasiënt aan enige ander siekte ly of gely het?		
13. Is the patient maimed, deformed or physically defective or disfigured in any way or are there any operation scar(s)? Is die pasiënt op enige wyse vermink, misvorm of liggaamlik gebrekkig of mismaak of is daar enige operasielitteken(s)?		
14. <i>If a cross appears in any YES square, except 8, FULL DETAILS thereof should be furnished here.</i> <i>Indien 'n kruis in enige JA blokkie, behalwe 8, verskyn moet VOLLEDIGE BESONDERHEDE daaromtrent hier verstrek word.</i>		

C.

	YES/JA	NO/NEE
1. Do you consider that the patient is in GOOD HEALTH and free from any physical or mental defect, disease or infirmity which is likely to interfere with the proper performance of his/her duties in the handling of substances which are toxic by ingestion, inhalation or skin absorption? Is u van mening dat die pasiënt in GOEIE GESONDHEID is en dat hy/sy vry is van enige liggaamlike of verstandelike gebrek, siekte of swaakheid van hom/haar sou kon verhinder in die hantering van stowwe wat toksies is by inname, inaseming of velabsorpsie?		

	_____ Name of Dr/Naam van Dr	Date/Datum: _____
_____ Signature/Handtekening (Dr)	_____ Professional qualifications/ Professionele kwalifikasies	Place/Plek: _____

EXAMPLE OF AFFIDAVIT

1. BY THE APPLICANT
2. BY THE SUPERVISOR -
Registered pest control operator.

To enable this office to make a recommendation on your request to be registered, the following must now be submitted:

1.
 - A written proof in a form of an affidavit, that you have administered agricultural remedies satisfactory for at least four years continuously, with an indication of the pest control which you personally performed, the types of pests which you combated and the types of apparatus and agricultural remedies which you used in the combating of such pests. Indicate the periods you have worked under the supervision of a registered pest control operator.
2.
 - The above-mentioned affidavit must be accompanied by a recommendation letter from your supervisor (registered pest control operator) confirming the types of pests controlled, types of apparatus and agricultural remedies used. An indication must be given where this work were done.



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CHECK LIST

APPLICATION FOR THE REGISTRATION AS A NEW PEST CONTROL OPERATOR

		TICK HERE
1.	Applicable application fee paid. (R1 445.00)	
2.	Proof of payment attached if paid electronically.	
3.	Duly completed application form.	
4.	Application form signed and dated.	
5.	Medical form attached and signed by PCO.	
6.	Pro-forma sworn affidavit attached.	
7.	Detailed <u>sworn affidavit</u> in your own words. ± 2 pages regarding experience.	
8.	Confirmation from supervisor (registered pest control operator) confirming the above, in respect of experience.	
9.	Certified copies of all relevant educational/qualification certificates (e.g. Grade 12 certificate).	
10.	Certified copy of Identity document.	

SIGNATURE: APPLICANT

DATE



SWORN AFFIDAVIT/BEËDIGDE VERKLARING

I the undersigned / Ek die ondergetekende

Surname/Van:	Address/Adres:
Full names/Volle name:
.....
Identity no./Identiteitsno.:	Postal code/Poskode:

FIELDS OF PEST CONTROL IN WHICH REGISTRATION IS REQUIRED VELDE VAN PLAAGBEHEER WAARVOOR REGISTRASIE VERLANG WORD

(i) Aerial Application (application or advisory) /Lugbespuiting (toediening of adviserend)	<input type="checkbox"/>
(ii) Plant Pests and Diseases / Plantplae en Siektes	<input type="checkbox"/>
(iii) Weed Control / Onkruidbeheer	<input type="checkbox"/>
(iv) Structural Pest Control / Plaagbeheer in Strukture	<input type="checkbox"/>
(v) Fumigation / Beroking	<input type="checkbox"/>
(vi) Wood Preservation / Houtverduursaming	<input type="checkbox"/>

THE REGISTERED PEST CONTROL OPERATOR UNDER WHOSE SUPERVISION OR COMPANY WORKED FOR/ DIE GEREGISTREERDE PLAAGBEHEEROPERATEUR ONDER WIE SE TOESIG OF FIRMA WAAR GEWERK

1. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer: P _____
2. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer P _____
3. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer P _____

**Declaration to be made in the presence of a Justice of Peace/Commissioner of Oath
Verklaring wat voor 'n Vrederegter/Kommissaris van Ede afgelê moet word**

DATE/DATUM	INITIALS AND SURNAME VOORLETTERS EN VAN	TEL. NO.
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**SIGNATURE OF THE DEPONENT
HANDTEKENING VAN VERKLAARDER**

I certify that the deponent has acknowledge that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponents signature was placed thereon in my presence.

Ek sertifiseer dat die verklaarder erken dat hy/sy vertrouwd is met die inhoud van die verklaring en dit begryp.
Hierdie verklaring is beëdig/bevestig voor my en verklaarder se handtekening is in my teenwoordigheid daarop aangebring.

**JUSTICE OF THE PEACE / VREDEREGTER
COMMISSIONER OF OATHS / KOMMISSARIS VAN EDE**

Full first names and Surname
Volle voorname en Van _____

Designation (Rank)
Amp (Rang) _____

Business Address (street address)
Besigheidsadres (straatadres) _____

Date/Datum _____

Place/Plek _____