

Form-IV
(See Rule 9(1))

APPLICATION FOR RENEWAL OF LICENSE TO MANUFACTURE INSECTICIDES.

1. I/We _____ of _____ hereby apply for the renewal of the license to manufacture insecticides on the premises situated at _____ (License No. and date to be given)
2. The other details * regarding the manufacture of the insecticides continue to remain the same.
3. (Particulars of the fee deposited)
4. The License is enclosed herewith.

Date _____ .

Signature

VERIFICATION

I _____ S/o _____ do hereby solemnly verify that what is stated above is true and correct to the best of my knowledge and belief.

I further declare that I am making this application in my capacity as _____ ..(Designation) and that I am competent to make this application and verify it, by virtue of _____ a photo/attested copy of which is enclosed.

Date:

Place:

Signature with seal

* If there is any change in the details of a manufacture or conditions of license subject to which the license is required to be renewed, the same may be indicated here.

FORM -VI
See rule 10 (1)

**APPLICATION FOR THE LICENSE TO SELL STOCK OR EXHIBIT FOR SALE OR
DISTRIBUTE INSECTICIDES**

To,

The Licensing Authority
State of í í í í í .

1. Full name and address of the applicant
2. Is the applicant new comer? (Say "Yes" or "No")
3. If yes, the names of the principals, if any, whom he represents
4. I enclose a certificate from the principals whom I represent or whom I intend to represent and the source/sources from which insecticides will be obtained.
5. Situation of the dealer's premises where the insecticide will be (a)stored; and (b)sold.
6. The names of the insecticides in which the applicant desires to carry on business.
7. Full particulars of licenses issued in his name by other state Government if any, in their area.
8. I have deposited the license fee.

Treasury challan No. í í í í ..
Sub-Treasury í í í í í í í í

9. Declaration.
 - (a) I/We declare that the information given above is true to my/our knowledge and belief and no part thereof is false.
 - (b) I/We carefully have read the terms and conditions of the license and agree to abide by themName and address of the applicant(s) in block letters

Date:

Place:

Signature of the Applicant

Remarks of the Licensing Authority

FORM VI-A
{ See rule 10(3-A) }

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

To

The Licensing Authority
State of í í í í í .

1. Full name and address of the applicant (in block letters)
2. Address
 - (i) Registered Officer
 - (ii) Zonal Office
 - (iii) Premises for which application is made
3. Is the applicant already in business or newcomer
4. Qualifications of responsible person
 - (i) Educational qualification
 - (ii) Training in pest control operations
 - (iii) Experience in using restricted insecticide(s)(Attach a proof in respect of claims
5. If in the trade, give full particulars of the names of restricted insecticide(s) handled and categories of operations undertaken, the period and the place (s) at which the trade was carried on
6. Quality(s) of each restricted insecticide in possession on the date of application (Give details of place(s) where it is stored)
7. Details of persons engaged or proposed to be engaged (Attach separate sheet, duly authenticated)
8. Details of safety applications available along with antidotes and all other facilities required under chapter will be stored for use.
9. Situations of the branch offices and depots where the restricted insecticide(s) will be stored for use.
10. Names(s) of restricted insecticide(s) which the applicant desires to use.
11. Category(s) applied for
12. Particulars of the fee(s) deposited.
13. whether technical expertise approved by the plant protection Adviser to the Government of India for undertaking pest control operations (Attach Proof)
14. Whether permission obtained from plant protection Adviser to the Government of India for undertaking fumigation (Attach Proof & validity)

Signature of the Applicant

VERIFICATION

Í í í í í í í í í í ..S/oí í í í í í í í í í . do hereby solemnly verify that to the best of my knowledge and belief the information given in the application and the annexure and statements accompanying it, is correct and complete.

I further declare that I am making this application in my capacity as í í í í í í í í and that I am competent to make this application and verify it, by virtue of í í í í í í í í í í .a photo or attested copy of which is enclosed herewith.

Date:
Place:

Signature with seal

FORM VI-B
{See rule 10(3-A)}
**APPLICATION FOR GRANT OF LICENSE TO STOCK AND USE OF
RESTRICTED INSECTICIDES FOR COMMERCIAL PEST CONTROL
OPERATION(S)**

To,

The Licensing Authority
State of _____ .

1. I/We hereby apply for renewal of the license to stock and use of restricted insecticides for categories: I,II and III, under the name and style of _____ The license desired to be renewed was granted by the Licensing Authority and allotted license No _____ ..on the _____ day of _____ 20____
2. State the change, if any,
 - (a) Category of operation
 - (b) expert staff
 - (c) restricted insecticides used
 - (d) premises of stocking
 - (e) address including of branch offices
 - (f) Whether any new branch/unit has been opened after grant or renewal of license
 - (g) any other change.
3. Particulars of fee deposited
4. Give latest details of persons engaged (Attach separate sheet duly authenticated)

Signature of the Applicant

VERIFICATION

_____ ..S/o _____ . do hereby solemnly verify that to the best of my knowledge and belief the information given in the application and the annexure and statements accompanying it, is correct and complete.

I further declare that I am making this application in my capacity as _____ .(Designation) and that I am competent to make this application and verify it, by virtue of a photo or attested copy of which is enclosed herewith.

Date:
Place:

Signature with seal

FORM VII
{See rule 10(1)}

APPLICATION FOR RENEWAL OF LICENSE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES

To,
The Licensing Authority
State of í í í í í .

1. I/We hereby apply for renewal of the license to sell, stock or exhibit for sale or distribute insecticides under the name and style of í í í í í í í í í í í . The license desired to be renewed was granted by the Licensing Authority for the state í í í í í í í í ..and allotted license No í í í í í í í í ..on the í í í í í í í í .. day of í í í í í í í í í 20
2. The situation of the applicant's premises where the insecticides are/will be (a)stored and (b)sold:
(b)I/we hereby declare that the situation of my/our premises where the insecticides are (a)stored and (b)sold are stated below.

(a)	(b)
Premises where insecticides are stored	Premises where insecticides are sold

(ii) The insecticides in which I/We am/are carrying on business and the name of the principals whom I/We represent are as stated below.
Full name and address of the applicant in block letters.

Date í í í .
Place í í í ..

Signature of the Applicant(s)

LICENSE FEE AND VALIDITY FOR PESTICIDES AND COMMERCIAL PEST CONTROL OPERATION(S)

S.N	Type of license	Fee (Rs.)	Validity (years)
1	Grant & Renewal of license to manufacture insecticides: a) For each pesticide b) Maximum c) Late fee for renewal (Maximum 3 months) i) First month ii) Second month iii) Third month	2,000 20,000 500 1,000 1,500	2 calendar years 1 month 2 months 3 months
2	Grant & Renewal of license to sell, stock or exhibit for sale or distribute insecticides: a) For each pesticide b) Maximum c) House hold pesticides for each place d) Late fee for renewal (Maximum 3 months) i) First month ii) Second month iii) Third month d) For rural areas	500 7,500 250 100 200 300 1/5 of the above fee	2 calendar years 10 calendar years 1 month 2 months 3 months 2 calendar years
3	License to Pest Control Operators	1,000	5 calendar years
4	Issue of duplicate license if original is defaced, damaged or lost	100	-
5	Transfer of license	100	-

Licensing Officers

1.	Manufacturing license	Director of Agriculture.
2.	License to sell, stock or exhibit for sale or distribute insecticides and License to stock and use restricted insecticides for Commercial Pest Control Operations	Respective District Joint Directors of Agriculture.