



agriculture, forestry & fisheries

Department:
Agriculture, forestry & fisheries
REPUBLIC OF SOUTH AFRICA

Directorate Agriculture Inputs Control, Private Bag X343, Pretoria, 0001
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From: Director: Agriculture Inputs Control
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Visit our website at www.daff.gov.za/act36/main.htm

TO ALL PEST CONTROL OPERATORS (PCO's)

1 April 2019

Dear Sir/Madam

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

Please note that according to Act 36 of 1947, all Pest Control Operators (PCO's) registrations **must be renewed annually not later than 30 June 2019**. If the application for renewal is approved, such renewal will be valid for three years.

Please forward your completed application at your earliest convenience. Kindly advise this office in writing of any changes regarding your particulars such as the address, etc. This will enable the Registrar's office to issue the new certificate of registration correctly. If you have no more interest in being a Pest Control Operator, please notify this office in writing and also send back your previous certificate in order for this office to update records.

A. An application for renewal must consist of the following:

1. A completed **application form-attested to by a commissioner of oaths**.
2. The current original certificate of registration as a PCO. Please ensure that you forward the current **original certificate** of registration as a PCO with your application to avoid unnecessary delays. In the case of the original certificate being lost, misplaced, stolen, etc., please forward a statement to the Registrar's office confirming the fact.
3. The **complete medical report** on the prescribed form. *The PCO must complete section A and sign appropriately.* Please note that the medical report should be forwarded together with the renewal application form to the Registrar.
4. An application fee of **R 1 241.00** - cheques or postal orders must be made payable to: **The Director-General: Agriculture, and posted to the above Private Bag or internet transfer: Bank name: Standard Bank, Branch name: Arcadia, Branch code: 010845, Account name: DAFF-Act 36 of 1947, Account no.: 011203102, Ref. 16PC2- Initial/Surname**

B. Certified copies of the following documents must also accompany an aerial applicator's application:

1. A medical certificate issued by the Institute for Aviation Medicine, if the standard medical form is not used.
2. An official pilot's license which indicates the validated dates.

C. Please note that the attached checklist must be completed and submitted.

Please note that applications, whether by post or by hand, must reach the office of the Registrar **before 16:00 on 28 June 2019.**

To avoid unnecessary delays, all applications must consist of an **application form**, your **current original certificate**, a **medical report** and the **correct application fee**. **If an incomplete application is received, your application will not be attended to.**

All applications received from **1 July until 31 July each year**, must include an additional late application fee of **R 659.00** (*Note: Fees are subject to change as required by Legislation*), which brings the total application fee for the applicable period to **R 1 241.00 + R 659.00 = Total: R1 900.00.**

Applications received by this office **after 31 July of any year will not be considered** and such registrations will lapse in accordance with the provisions of the Act. In such an event the PCO must apply anew for registration. The fact that the PCO was registered previously shall not necessarily imply that the PCO will be registered again. (Government Gazette R. 98 of 18 February 2011.) (*Note: Fees are subject to change as required by Legislation.*) **NOTE: Please note that a new application must be submitted after 31 July as the renewal cycle ends on 31 July of each year. A letter to request re-instatement and to retain the same old P registration number must be forwarded to this office.**

If any information is omitted, the application will be returned to you and an additional application fee will be payable.

PERIOD OF REGISTRATION : PLEASE TAKE NOTE

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

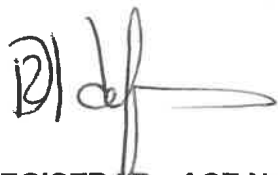
GENERAL

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. 98 dated 18 February 2011 refers) at any time.

In the event of any uncertainties please contact: Mr R. Tshwane at (012) 319-6970, e-mail: robertt@daff.gov.za or Mr Mulisa Raligidima at (012) 319-7224, e-mail: mulisar@daff.gov.za; or Mr R Hefer at (012) 319-7187, e-mail: rupeh@daff.gov.za.

Yours sincerely



REGISTRAR: ACT No. 36 OF 1947

ANNEXURE B: APPLICATION FOR RENEWAL FORM


**agriculture,
forestry & fisheries**

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

Republic of South Africa
Registrar: Act 36/1947
Private Bag X343
0001 Pretoria

FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947
(ACT No. 36 OF 1947), AS AMENDED

APPLICATION FOR RENEWAL OF REGISTRATION AS A PEST CONTROL OPERATOR

INFORMATION FOR APPLICANTS

1. The application form must be duly completed in all respects.
2. Submit only a single application together with the prescribed registration fee
3. The application must be accompanied by proof of continual education training and/or information obtained within current registration cycle
4. A medical report on the accompanying form is also required
5. The application must be submitted to the Registrar: Act No. 36 of 1947, Private Bag X343, Pretoria, 0001.
6. For further information visit our website at www.daff.gov.za

APPLICANT INFORMATION (Please print)

Full names and surname: _____

Postal address: _____ Postal code: _____

Physical address: _____

City: _____ Province: _____ Postal code: _____

Tel: (____) _____ Cell phone (____) _____

E-mail: _____

Date of birth: ____/____/____ I.D. No.: _____
MM DD YY

P. registration number _____

NAME AND ADDRESS OF EMPLOYER / OWN BUSINESS INFORMATION (Please print)

Name of Employer / Own Business: _____

Residential/Street address: _____

City: _____ Province: _____ Postal code: _____

Tel: (____) _____ Fax: (____) _____ E-mail _____

DECLARATION BY APPLICANT

I hereby certify that the information furnished in this application and data provided in support is to the best of my knowledge true, correct, complete and complies with the requirements of Act No. 36 of 1947; acknowledge my responsibilities in terms of the Act; and grant permission to the Registrar of Act No. 36 of 1947 to cancel this registration in terms of *Section 4* of the Act should it be established that the information supplied in this application and with this application is not true and does not comply with the requirements of the Act.

..... Name in full (printed) Signature
..... Date Official Title

(Note: Any person who in any application makes any statement which is false in any material respect, knowing it to be false, or fails to disclose any information with intent to deceive, shall be guilty of an offence).

DECLARATION TO BE MADE IN THE PRESENCE OF A JUSTICE OF PEACE/COMMISSIONER OF OATHS

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

..... INITIALS AND SURNAME OF THE APPLICANT		
..... SIGNATURE OF APPLICANT DATE TEL. NO.
..... JUSTICE OF THE PEACE/ COMMISSIONER OF OATHS		

CONFIDENTIAL- VERTROULIK
MEDICAL REPORT OF/GENEESKUNDIGE VERSLAG VAN
PEST CONTROL OPERATORS (PCO's)/PLAAGBEHEEROPERATEURS (PBO's)

A

SURNAME/VAN _____	IDENTITY NO. _____
FIRST NAMES/VOORNAME: _____	IDENTITEITSNO. _____
REGISTRATION NO/REGISTRASIE NO: P. _____	SIGNATURE OF APPLICANT:/ HANDTEKENING VAN APPLIKANT: _____

THE PASIENT 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 SNELLEN 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 URIN&RE 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 verstrekk word.</i>		

C

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 swakheid van horn/haar sou kon verhinder in die hantering van stowwe wat toksies is by inname, inaseming of velabsorpsie.	YES/JA	NO/NEE
2. THE COMPLETED FORM MUST PLEASE BE MAILED TO THE REGISTRAR: ACT 36 OF 1947, PRIVATE BAG X343, PRETORIA 0001 DIE VOLTOOIDE VORM MOET ASSEBLIEF AAN DIE REGISTRATEUR: WET 36 VAN 1947, PRIVAATSAK X343, PRETORIA 0001 GEPOS WORD		
_____ Signature/Handtekening (Dr)	_____ Name of Dr/Naam van Dr	_____ Date/Datum:
	_____ Professional qualifications/ Professionele kwalifikasies	_____ Place/Plek:

liëntjie/medical report



CHECK LIST

RENEWAL OF REGISTRATION 2019/2022 cycle

	TAKE NOTE THAT THIS APPLICATION WILL NOT BE PROCESSED IMMEDIATELY IN ANY INFORMATION IS OMMITTED/OR NOT DULY COMPLETED	TICK HERE
1.	Applicable application fee paid. – R 1 241.00	
2.	Proof of payment attached if paid electronically.	
3.	Duly completed application form.	
4.	Application form signed by applicant, dated and attested to by a commissioner of oaths.	
5.	Medical form attached and signed by PCO. You may use an occupational health practitioner.	
6.	Original certificate attached or affidavit submitted confirming that old registration certificate is lost or stolen.	
7.	Change of address notified if any as well as present e-mail.	
8.	Attach a list of names if paid for more than one PCO	
9.	THIS OFFICE WILL NOT ACCEPT WALK-INS ON Mondays and Fridays	

SIGNATURE: APPLICANT