



# agriculture, forestry & fisheries

Department:  
Agriculture, forestry & fisheries  
REPUBLIC OF SOUTH AFRICA

## REGISTRAR: ACT No. 36 OF 1947

Agriculture Building, 20 Beatrix Street  
Private Bag X343, PRETORIA, 0001, Republic of South Africa  
Enquiries: Helpdesk: Elelwani Rathogwa, e-mail [ElelwaniR@daff.gov.za](mailto:ElelwaniR@daff.gov.za); Tel 012 319 7847, R. Hefer, Tel.: (012) 319-7187, Fax: (012) 319-7179,  
Visit our website at [www.daff.gov.za/act36/main.htm](http://www.daff.gov.za/act36/main.htm)

Dear Sir/Madam

1 April 2019

### 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.98 of 18 February 2011.
3. **According to these regulations, an application can only be considered if the applicant submits the following:**
  - \* The prescribed application fee of **R2 350,00** 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.- Name and Surname.**
  - \* A complete application form (copy attached).
  - \* Sworn affidavit (copy attached).
  - \* A medical report completed by a qualified medical practitioner (copy attached) or
  - \* A medical report issued by an occupational practitioner, also to be signed by him/her.
  - \* 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.
  - \* Certified copy of highest school qualification or tertiary qualification.
  - \* Copy of the supervisor (registered pest control operator) registration certificate.

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

- (a) Part ii (2) (c) (1): 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 00/012 346 1473  
Fax No: 086 618 4850  
E-mail: [ipmc@mweb.co.za](mailto:ipmc@mweb.co.za)  
  
**Course co-ordinator:** Mr H. Pottas  
Tel. No.: 081 862 0597 / 0861 99 99 00 / (012) 460-9653  
E-mail: [ipmc@vodamail.co.za](mailto:ipmc@vodamail.co.za)
  - \* Pest Control Industries Training Academy (PCITA)  
Contact person: Administrator: S. van Wyk, P.O. Box 8129, CENTURION, 0046  
Tel. No.: (012) 654-7708  
Fax No.: 086 556 1943  
  
**Course Co-ordinator:** Ms Simone van Wyk  
Tel. No.: (012) 654-7708  
E-mail: [simone@sapca.org.za](mailto:simone@sapca.org.za)

All enquiries regarding this course should be made to the Pest Control Industries Training Academy.

**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.  
**Part 11. 2 (2) {c}(i)** 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) **Part 11.2 (2) {c} (iv)** 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 six months. 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) Agriculture and Forestry.
  - (iii) Industrial Vegetation and Noxious Weeds.
  - (iv) Landscape .
  - (v) Structural Pest Control
  - (vi) Fumigation.
  - (vii) Supplemental and/or remedial wood treatment
  - (viii) Any other relevant specialization.

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 or the Aerial Applicators course presented by Pest Management Academy,(2) 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:

Pest Management Academy (PMA)  
 Tel no 0861 99 99 00  
 012 460 9653  
 Fax No.: 08661 84850  
 E-mail : ipmc@vodamail.co.za;

**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. R 98 dated 18 February 2011, Part iii, Par.10(2) 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 30 June 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](mailto:robertt@daff.gov.za) or Mr Mulisa Raligdima at 012 319 7096,e-mail, [mulisar@daff.gov.za](mailto:mulisar@daff.gov.za); Mr Rupert Hefer at (012) 319-7187, e-mail [rupertth@daff.gov.za](mailto:rupertth@daff.gov.za).

Yours sincerely



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

## ANNEXURE A: APPLICATION 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 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 educational qualification and practical experience obtained
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](http://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

Are you registered in another field?  Yes  No

If Yes, which Field (s)? \_\_\_\_\_

**EMPLOYER / OWN BUSINESS INFORMATION (Please print)**

Name of Employer / Own Business: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**FIELD(S) OF PEST CONTROL IN WHICH REGISTRATION IS REQUIRED (Please tick)**

- (i) Aerial application
- (ii) Agriculture and Forestry
- (iii) Industrial Vegetation and Noxious Weeds
- (iv) Landscape
- (v) Structural
- (vi) Fumigation
- (vii) Supplemental and/or remedial wood treatment
- (viii) Any other relevant specialization


**EDUCATIONAL QUALIFICATIONS OBTAINED (PLEASE ATTACHED A CERTIFIED COPY)**

Qualifications	Subjects obtained	Training centre	Date obtained

**PROOF OF PRACTICAL EXPERIENCE OBTAINED (PLEASE ATTACHED AN AFFIDAVIT FROM THE APPLICANT AND CONFIRMATION DOCUMENT FROM THE SUPERVISOR/EMPLOYER).**

Name of business/Supervisor	Field of pest control	Period in training

**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.

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



agriculture,  
forestry & fisheries

Department  
Agriculture forestry & fisheries  
REPUBLIC OF SOUTH AFRICA

## 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.

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

## **EXAMPLE OF AFFIDAVIT**

### **1] BY THE APPLICANT**

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 type of pests which you have treated and the types of apparatus and agricultural remedies you have used in the treatment of such pests. Indicate the periods you have worked under the supervision of a registered pest control operator. List the calibrations of the agricultural remedies you have used

### **2] BY THE SUPERVISOR – REGISTERED PEST CONTROL OPERATOR**

The above mentioned affidavit must be accompanied by a recommendation letter from your supervisor (registered pest control operator) confirming the types of pests controlled, apparatus used, calibrations of the agricultural remedies used and list the remedies used. An indication must be given where this work were done

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

**A**

SURNAME/VAN _____	IDENTITY NO. IDENTITEITSNO. _____
FIRST NAMES/VOORNAME: _____	
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. <b>SKIN/VEL</b> Are there any signs or evidence of a disease? Is daar enige tekens of getuienis van 'n siektetoestand?		YES/JA	NO/NEE
5. <b>SKELETON AND JOINTS/BEENSTELSEL EN GEWRIGTE</b> Are there any signs or evidence of a disease or abnormality? Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?			
6. (a) <b>HAS THE APPLICANT ANY DEFECT OF HET DIE AANSOEKER ENIGE GEBREK AAN</b>			
(i) Hearing/Gehoor?			
(ii) Speech/Spraak?			
(iii) Teeth/Tande?			
(iv) Sight/Gesig?			
(b) <b>VISUAL ACUITY ACCORDING TO SNELLEN'S OPTOTYPES/ GESIGSKERPTE VOLGENS SNELLEN SE PROEFLETTERS</b>			
Left eye/Linkeroog Right eye/Regteroo	Without glasses Sonder bril	With glasses Met bril	
7. <b>CIRCULATORY SYSTEM/BLOEDSOMLOOPSTELSEL</b>		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. <b>RESPIRATORY SYSTEM/ASEMHALINGSTELSEL</b>		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
<b>9. DIGESTIVE SYSTEM/SPYSVERTERINGSTELSEL</b> Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
<b>10. GENITO URINARY SYSTEM/GESLAGS URINêRE ORGANE</b> (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?		
<b>11. NERVOUS SYSTEM/SENUSTELSEL</b> Are there any signs of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
<b>12. ANY OTHER ILLNESS/ENIGE ANDER SIEKTE</b> 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?		
<b>13.</b> 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 operasie litteken(s)?		
<b>14.</b> <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

<b>1.</b> Do you consider that the patient is in <b>GOOD HEALTH</b> 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 <b>GOEIE GESONDHEID</b> is en dat hy/sy vry is van enige liggaamlike of verstandelike gebrek, siekte of swakheid van hom/haar sou kon verhinder in die hantering van stowwe wat toksies is by inname, inaseming of velabsorpsie.	YES/JA	NO/NEE
<b>2. THE COMPLETED FORM MUST PLEASE BE MAILED TO THE REGISTRAR: ACT 36 OF 1947, PRIVATE BAG X343, PRETORIA 0001</b> <b>DIE VOLTOOIDE VORM MOET ASSEBLIEF AAN DIE REGISTRATEUR: WET 36 VAN 1947, PRIVAATSAK X343, PRETORIA 0001 GEPOS WORD</b>		
_____ <b>Signature/Handtekening (Dr)</b>	_____ <b>Name of Dr/Naam van Dr</b>	<b>Date/Datum:</b> _____
	_____ <b>Professional qualifications/ Professionele kwalifikasies</b>	<b>Place/Plek:</b> _____

lientjie/medical report

## CHECK LIST

### APPLICATION FOR THE REGISTRATION AS A NEW PEST CONTROL OPERATOR FROM 1 APRIL 2019

	<b>TAKE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING INFORMATION IS OMITTED/OR NOT DULY COMPLETED</b>	<b>TICK HERE</b>
1.	Applicable application fee paid. (R2 350.00)	
2.	Proof of payment attached if paid electronically.	
3.	Duly completed application form.	
4.	Application form signed, dated and attested to by a Commissioner of Oaths.	
5.	Medical certificate from occupational practitioner, attached. Indicate HPCSA Practise number on medical certificate	
6.	Pro-forma sworn affidavit attached. Complete in detail.	
7.	Detailed <u>sworn affidavit</u> in your own words. ± 2 pages regarding experience. This document <u>must</u> be attested to by a Commissioner of Oaths.	
8.	Confirmation from supervisor (registered pest control operator) confirming the above, in respect of experience.	
9.	Also attach a copy of the registration certificate of the supervisor (registered pest control operator).	
10.	Certified copies of all relevant educational/qualification certificates (e.g. Grade 12 certificate).	
11.	Certified copy of Identity document.	
12.	<b>This office will not accept WALK-INS on Mondays and Fridays</b>	