



agriculture,
forestry & fisheries

Department
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

CHECK LIST

APPLICATION FOR THE REGISTRATION AS A NEW PEST CONTROL OPERATOR FROM 1 APRIL 2018

	TAKE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING INFORMATION IS OMITTED/OR NOT DULY COMPLETED	TICK HERE
1.	Applicable application fee paid. (R2 251.00)	
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.	
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.	This office will not accept WALK-INS on Mondays and Fridays	

SIGNATURE: APPLICANT



agriculture,
forestry & fisheries

Department:
Agriculture, forestry & fisheries
REPUBLIC OF SOUTH AFRICA

REGISTRAR: ACT No. 36 OF 1947

Agriculture Place, 20 Steve Biko/Beatrix Street, Arcadia
Private Bag X343, PRETORIA, 0001, Republic of South Africa
Enquiries: Help Desk: Elewani Rathogwa, e-mail, ElewaniR@daff.gov.za. R. Hefer, Tel.: (012) 319-7187, Fax:
(012) 319-7179,
Visit our website at www.daff.gov.za/act36/main.htm

Dear Sir/Madam

1 April 2018

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 **R 2 251.00** 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: DAFF-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.
 - * Certified copy of highest school qualification or tertiary qualification.
 - * Copy of the supervisor (registered pest control operator) registration certificate.
 - * Certified copy of identity document.

The application must comply with the following requirements:

- (a) Part ii (2) (c) (1) The National Certificate in Pest Control must be obtained. This course is presented by the following:
 - * Pest Management Academy (PMA)
Contact person: Ms Cherilee Oelshig, 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
 - Course co-ordinator: Mr Henk Pottas
Tel. no.: 081 862 0597 / 0861 99 99 00 / (012) 480-9653
E-mail: ipmc@vodamail.co.za
 - * Pest Control Industries Training Academy (PCITA)
Contact Person: Administrator: Simoné van Wyk, P O Box 8129, CENTURION, 0046
Tel: (012) 654-7708
Fax: 086 556 1943
 - Course Coordinator: Mrs Simoné van Wyk
Tel: (012) 654 8038
Email: simone@sapca.org.za

Grain Training Institute (GTI)

Contact person : Ms Doreen Venter, PO Box 18681, Pretoria North, 0116

Tel. no : 071 312 7413

Fax no : 086 527 8869

Course co-ordinator: Mr Hendrik van Aswegen

Tel no : 083 227 8161

E-mail : info@qtinstitute.co.za

Invader Plant Specialists

Contact person: Dr Graham Harding, PO Box 3879, Durbanville, 7551.

Tel no: 021 976 6127

Cell: 083 413 7411

Fax no: 021 976 6127

Course co-ordinator: Dr Graham Harding

Cell : 082 412 7411

E-mail: harding@pixie.co.za

New Africa Skills Development

Contact person: Ms Serene Juganath, PO Box 278, Merrivale, 3291

Tel no: 033 330 7002

Fax no: 033 330 7005

Course co-ordinator: Ms Serene Juganath

Cell: 083 677 0710

E-mail: admin@nasd.co.za

Croplife/ AVCASA

Contact person: Ms Hester Jordaan, PO Box 1995, Half Way House, 1685

Tel no: 087 980 5153

Fax no: 087 980 5164

Course co-ordinator: Ms Hester Jordaan

Tel no: 087 980 5163

E-mail: jordaanh@gmail.com,

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.

Experience must be obtained for **12 months** to be registered in the field **Fumigation**.

Regulation 2(3) (c): Has successfully completed a course of instruction with an accredited training facility. 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.
 - (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

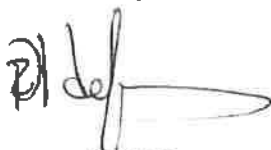
Please submit your completed application as soon as possible and ensure that you have stated the correct particulars regarding your address, ID no., telephone/cellular and fax numbers, postal codes and province. If possible, please supply an "e-mail" address.

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 date concerned in the following calendar year.

Should you have any further enquiries, do not hesitate to contact this office: Mr Robert Tshwane at (012) 319-6970, e-mail: robertt@daff.gov.za or Mulisa Raligidima at (012) 319-7096), e-mail: mulisar@daff.gov.za , or Mr Rupert Hefer at (012) 319-7187, e-mail ruperth@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

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 BY APPLICANT	
<p>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 <i>Section 4</i> 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.</p>	
<p>..... Name in full (printed)</p>	<p>..... Signature</p>
<p>..... Date</p>	<p>..... Official Title</p>

(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

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

<p>Official Stamp of Applicant / Company (where applicable)</p>	<p>FOR OFFICIAL USE</p> <p>Registration is: Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/></p>
---	--



SWORN AFFIDAVIT/BEËDIGDE VERKLARING

I the undersigned / Ek die ondergetekende

Surname/Van _____	Address/Adres _____
Full names/Volte 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 Registrasienuommer: P _____
2. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienuommer P _____
3. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienuommer 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. 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/BLOEDSOMLOOPSTELSE	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/ASEMHALINGSTELSE	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 ty of gely hel?		
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 operasie litteken(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

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 hom/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: