



NOTICE OF PESTICIDE USE

Treatment Area:

Pest(s) To Be
Controlled:

Pesticide Active
Ingredients &
Registration
Number(s)
(PCP):

 ,

 ,

 ,

Start Time and Date of
Pesticide Application:

HH:MM _____

Licensee Name:

Licensee Number:

Telephone
Number:

Precautions to Minimize
Exposure to Pesticides:

**Do Not enter the
treated area before:**

Do not remove this sign before:

For emergency medical information contact:
B.C. Drug and Poison Information Centre 1-800-567-8911 or 1-604-682-5050