



NOTICE OF PESTICIDE USE

Treatment Area:

Pest(s) To Be
Controlled:

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

,

,

,

Start Time and Date of
Pesticide Application:

H:MM

Licensee Name:

Licence 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 604-682-5050