

**ENVIRONMENTAL PROTECTION AND ENHANCEMENT ACT**

## **APPLICATION FOR A PESTICIDE SPECIAL USE APPROVAL**

**Please Note:** A Pesticide Special Use Approval is required by any person (other than those listed below) that **applies** or **stores** a pesticide, or **washes pesticide application equipment** on, in or within 30 horizontal metres of an "open body of water".

The following persons **do not** require a Special Use Approval:

- i) a person applying a **vertebrate toxicant bait** on ice cover or on land within 30 horizontal metres of a frozen water body pursuant to a government pest control program,
- ii) a **certified applicator** applying a pesticide in accordance with the *Environmental Code of Practice for Pesticides, or*
- iii) a person applying a pesticide on **cultivated land**.

The process for obtaining a Special Use Approval for the application of pesticides on, in or within 30 horizontal metres of an "open body of water" may take from 60 to 90 days, or longer if statements of concern require additional public involvement or recommendations by a referral committee. Applicants should ensure that they consider this potential aspect and plan well in advance of their intent to undertake the activity of vegetation, insect or disease control measures with a pesticide. Applicants should not conduct any notification until they submit their application and receive a response from the Director and will include the information for notification.

For each project site the applicant intends to identify in the application, please attach an Integrated Pest management Plan for each problem species. The IPM plan must identify the management objective (elimination, population control, suppression of seed production, etc.), action level (level of infestation at which control will be initiated), monitoring to identify problem areas, and the treatments (both pesticide and non-pesticide) that will be used to achieve IPM plan objectives.

The Director will not undertake a review of the application until it is considered complete. In the event it is not considered complete, the Director will make a request for further information in writing.

Prior to making a decision regarding the proposed application, the Director may require the applicant to hold public meetings in the area where the activity (application of pesticides) is intended to take place to allow the public the opportunity for more information.

In the event that the Director cancels or suspends the approval, the Director will publish notice of the cancellation or suspension in one or more issues of a newspaper that has daily or weekly circulation in the area in which the activity is being conducted.

If requiring any assistance with the completion of your application, please contact Alberta Environment and Parks at:

Tanya Rushcall  
Provincial Pesticide Approvals and Registration Specialist  
780-644-4647  
Tanya.Rushcall@gov.ab.ca

*To be connected toll free from anywhere in Alberta, first dial 310-0000.*

ENVIRONMENTAL PROTECTION AND ENHANCEMENT ACT

APPLICATION FOR A PESTICIDE SPECIAL USE APPROVAL

PART 1. APPLICANT DETAILS

Please type or print clearly in ink and mail your completed approval application to the  
Regulatory Approvals Centre, Alberta Environment and Parks 5th Floor, South Petroleum Plaza, 9915 108 Street, Edmonton AB T5K 2G8  
Telephone: 780-427-6311 Fax: 780-422-0154 or scan and Email to aep.epeapplications@gov.ab.ca

I hereby make application for

a new Special Use Approval, or  an amendment to a Special Use Approval with approval number \_\_\_\_\_

in the province of Alberta as required by the **Pesticide (Ministerial) Regulation (A.R. 43/97** with amendments up to and including **110/2018**) and the **Approvals and Registrations Procedure Regulation (A.R. 113/93**, with amendments up to and including **89/2013**) under the **Environmental Protection and Enhancement Act**, and in support of this application supply the following information:

**Company Name:**

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**Business Mailing Address:**

**Street Address (if different from mailing address)**

Street:	Street:
City/Town:	City/Town:
Postal Code:	Postal Code:

**Authorized Representative:** (This individual should be the person conducting or supervising the application or supervising the contractor that will be hired to conduct the application.)

Name:	Title:
Address: (if different from above)	
Postal Code:	Telephone: (business): _____ (Cell) _____
Email:	Facsimile: _____

**Chief Executive Officer/Owner:**

Name:	
Address:	
Telephone:	Email:

**24-Hour Emergency Contact:** (This individual should not be the Owner or Authorized Representative and should be familiar with operation of the service and be responsible for on-site decisions should an emergency occur.)

Name:	Telephone (business):
	(home):
Email:	(facsimile):

## PART 1: Applicant Details

### Emergency Contingency Plans and Information:

Are contingency plans in place to deal with a pesticide spill near water during this activity?  yes  no

Are any of the pesticides regulated under the Transportation of Dangerous Goods Act?  yes  no

If yes, has the contingency plan been amended to address the TDG Act requirements?  yes  no

**Pesticide Applicator and/or Service Registration Information:** Indicate the name of the Pesticide Applicator Certificate holders and/or the registered service company that will be applying the pesticides.

Applicator Name(s):  1. _____ certificate number _____  2. _____ certificate number _____	Pesticide Service Registration Holder:  _____  Registration Number: _____
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**Rationale for Pesticide Application:** Describe the intent of the application, the extent of pest control required within 5 metres and 30 metres of the "open body of water", and why the proposed pesticide application cannot be conducted in accordance with the *Environmental Code of Practice for Pesticides*. (Attach information if necessary.)

### Authorizations:

This application is submitted in accordance with the *Environmental Protection and Enhancement Act* and its Regulations and may require the applicant to submit additional information necessary to complete this form.

I, the undersigned, acknowledge the above and attached information to be a true and accurate representation of my operation activities at the time of signing. Any changes to this information will be forwarded immediately to Alberta Environment and Parks.

I understand that an inspection will be conducted to verify compliance with provincial legislation.

_____ Name of Authorized Representative (print)	_____ Signature
_____ Title	_____ Date

#### WAIVER

For the purposes of regulating the use or application of pesticides in or near open bodies of water under the *Environmental Protection and Enhancement Act*, and in accordance with Section 3(2) of the **Approvals and Registrations Procedure Regulation**, being **Alberta Regulation 113/93**, with amendments up to and including **Alberta Regulation 251/2001**, the following requirements as specified in Section 3(1) of the **Approvals and Registrations Procedure Regulation** are hereby waived.

**Sections 3(1) (d), (e), (f), (j), (l), (m), (n), (p) and (r).**

#### DISCLAIMER

The issuance of an approval pursuant to Part 2, Division 2 of the *Environmental Protection and Enhancement Act* does not relieve the applicant from complying with all other applicable legislation, whether federal, provincial, or municipal.

**APPLICATION FOR A PESTICIDE SPECIAL USE APPROVAL  
PART 2. PESTICIDE USE DETAILS**

NOTE: USE ANOTHER COPY OF THIS FORM IF MORE THAN ONE PROJECT IS PROPOSED.

<b>PROJECT:</b>	
NAME AND TYPE OF WATER BODY _____	
LOCATION AND DIMENSIONS OF TREATMENT AREA (provide a diagram or attach a map showing the proposed treatment area) Legal Land Location _____ Map/diagram attached <input type="checkbox"/> yes <input type="checkbox"/> no	
LAND USE <input type="checkbox"/> habitat <input type="checkbox"/> roadside ditch <input type="checkbox"/> grazing <input type="checkbox"/> industry <input type="checkbox"/> crop production <input type="checkbox"/> recreation <input type="checkbox"/> other (specify) _____	
WATER USE (identify those that are within 1.5 km of application site) <input type="checkbox"/> habitat <input type="checkbox"/> livestock water <input type="checkbox"/> fishing <input type="checkbox"/> irrigation <input type="checkbox"/> potable water <input type="checkbox"/> industry <input type="checkbox"/> swimming <input type="checkbox"/> other (specify) _____	
OUTFLOW? (LAKES/PONDS/ SLOUGHS ONLY) <input type="checkbox"/> yes <input type="checkbox"/> no name of receiving waterbody _____	
PESTICIDE NAME _____ TARGET PESTS (BE SPECIFIC) _____ P.C.P. Act Registration number _____	PESTICIDE NAME _____ TARGET PESTS (BE SPECIFIC) _____ P.C.P. Act Registration number _____
PESTICIDE NAME _____ TARGET PESTS (BE SPECIFIC) _____ P.C.P. Act Registration number _____	PESTICIDE NAME _____ TARGET PESTS (BE SPECIFIC) _____ P.C.P. Act Registration number _____
APPLICATION METHOD <input type="checkbox"/> backpack <input type="checkbox"/> hand-gun/hose <input type="checkbox"/> boat <input type="checkbox"/> cylinder <input type="checkbox"/> truck/boom <input type="checkbox"/> quad/boom <input type="checkbox"/> boomless (type) _____ <input type="checkbox"/> aircraft (type) _____	
PROXIMITY OF APPLICATION TO WATER (IF TREATMENT ON LAND): _____ metres IF THE APPLICATION IS INTO THE WATER, WHAT WIDTH AND LENGTH INTO THE WATERBODY WILL THE APPLICATION BE CONDUCTED _____ metres	
APPROXIMATE DATE(S) OF APPLICATION: _____	
ENVIRONMENTAL MONITORING Has environmental monitoring been conducted for this activity? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, attach a summary of the information gathered.	
I confirm that I have obtained an approval for the Deposit of Deleterious Substances for any applications into an open body of water (issued by Alberta Environment and Parks esrd.ais@gov.ab.ca)	I confirm that I have obtained a Fish Research License for any applications to control fish (issued by Alberta Environment and Parks Regional Fish and Wildlife office).
MEDIA INFORMATION Name and type (daily/weekly/biweekly) of newspaper circulated in the vicinity of the treatment location: _____	