



INDIVIDUAL NAME or ORGANIZATION: _____ **DATE** _____

MAILING ADDRESS:

SHIP TO ADDRESS:

TELEPHONE # _____

ATTN: _____

FAX# _____

TEL# _____

WEBSITE _____

PREFERRED CARRIER: _____

KEY CONTACTS:

TITLE

CELL#

E-MAIL

TITLE	CELL#	E-MAIL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PESTICIDE LICENSING INFORMATION

(A) APPLICATOR

Pesticide Service Registration# _____ **Expiry** _____

APPLICATOR NAME	LICENSE #	CATEGORY(IES)	EXPIRY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FARMER PESTICIDE CERTIFICATE # _____ **NAME** _____

(B) DEALER /RETAILER

WHOLESALE VENDOR REGISTRATION# _____

RETAIL VENDOR REGISTRATION # _____

RETAIL DISPENSOR NAME	CERTIFICATE#	EXPIRY
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWSA # _____

Please forward form, as well as copies of all certificates to:

TrueNorth Specialty Products
99 Lawson Cres.
Winnipeg MB R3P 0T3

or Fax Toll Free 1-866-840-3380