

Application to use a Licensed Chemical

Ref: HSELicenceChemic



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Name of Applicant:

Name of Chemical:

Postal Address of Applicant:

Address where Chemicals are to be stored:

Tel: _____

Tel: _____

Crop	Area	Supplier	Self or Contractor

1. Is this your first application to use this substance? YES/NO
2. Do you have and use adequate locked storage facilities to store chemicals?. YES/NO
3. Do you have and use adequate protective clothing which is in good condition?. YES/NO
4. Is the equipment to apply chemicals in good condition? YES/NO
5. Do you have a P.S.3. register and record all pesticide applications?. YES/NO

I am aware that the licence and the conditions contained therein must be strictly adhered to.

Signed: _____ Date: _____

----- OFFICIAL USE ONLY -----

Water Board Catchment Area: _____

Plant Protection - Commerce and Employment Department

Quantity recommended:-

Comments on Application:-

Health and Safety Executive

Commerce and Employment, Raymond Falla House, PO Box 459, Longue Rue, St. Martins, Guernsey GY1 6AF
Telephone: 01481 234567 Facsimile: 01481 235015 E-mail: hse@commerce.gov.gg Website: www.hse.guernsey.gg