



Notice of Intent to Treat for Confirmation Holders

FORM REFERENCE CODE: EPD-IPM-06.3

INSTRUCTIONS:

A confirmation holder must submit a Notice of Intent to Treat to the Ministry of Environment and Climate Change Strategy at least 21 days before the first use of pesticides in a calendar year.

Please submit the Notice of Intent to Treat (this form) electronically to **IPMReporting@gov.bc.ca**. Files in PDF format are preferred.

Please follow this format when naming the subject line of your email:

- YYYY NIT Confirmation#
- E.g. 2020 NIT 126-343-19-24

Maps and additional information must be submitted electronically with this form. If large files prevent email submission, please use the ministry's File Transfer Service: <http://www.env.gov.bc.ca/csd/imb/soft/soft.shtml>.

Section 1: Confirmation Holder Information

Confirmation Number as issued by the ministry				1
Confirmation Holder Name Exactly as it appears on the Confirmation				2
Address	Unit # / Street			3
	City	Province	Postal Code	4
Contact First and Last Name				5
Contact Numbers <i>e.g. (999) 999-9999</i>	Phone	Mobile		6
Email Address				7

Section 2: Authorized Agent Information

The confirmation holder may authorize an agent to deal with the ministry directly on future aspects of this registration. This section must be completed in full if an agent is used. An agent is a person who is not an employee of the confirmation holder.

Agent's Company Legal Name <i>as registered with the BC Registrar of Companies</i>				1
Doing Business As <i>if different than above</i>				2
Agent's Last Name				3
Agent's First Name				4
Agent's Title				5
Mailing Address	Unit # / Street			6
	City	Province	Postal Code	7
Contact Numbers <i>e.g. (999) 999-9999</i>	Phone	Mobile		8
Email Address				9

In this section:

"confirmation holder" means the applicant as identified in section 1 of this form;

"agent" means the agent as identified in section 2 of this form.

I/we (the confirmation holder) hereby authorize the above-named agent to deal with the ministry directly on all aspects of this Notice.

Confirmation Holder Name <i>NOT the Agent</i>		10
Date signed <i>(YYYY / MM / DD)</i>		11
Signature of Confirmation Holder		12

Section 3: Treatment Location Information

Treatment Year (YYYY)

Please provide a general description of the treatment locations for the year below

For example, regional district, nearest community, watershed

Provide a description of the proposed treatment for each treatment area, including the pesticide to be used and the method(s) of application in the provided table.

- Treatment location identifier refers to where the pesticide is to be used. (e.g. cutting permit and block # in forestry; lease site identifier in oil & gas; mile-markers for railway, etc.)
- Treatment locations noted should be identified on an attached reference map.
- Use an additional page if further description is required.
- As an alternative to filling out the table below, it is acceptable to submit an Excel file or other spreadsheet, provided that the data is submitted in the same format as the table below and is accompanied by the completed and signed form.

Treatment location identifier	Pesticide product name	Active ingredient(s)	P.C.P. Registration Number	Size of area treated (ha) ¹	Method(s) of application

Treatment location identifier	Pesticide product name	Active ingredient(s)	P.C.P. Registration Number	Size of area treated (ha) ¹	Method(s) of application
Total area treated with pesticides (ha):					

Section 3: Map

A map or diagram must be submitted that identifies the proposed treatment locations that are listed in the table above. This map or diagram does not need to go down to the level of detail that would show exact treatment areas and the geographic features that require a pesticide-free zone (PFZ) or a no-treatment zone. This type of detailed map must be prepared and retained by the confirmation holder and must be provided to a ministry inspector upon request. However, if the confirmation holder chooses, it is acceptable to submit these detailed maps with this Notice of Intent to Treat. For example, this may be the case if the confirmation holder is sending the Notice of Intent to Treat to other stakeholders as well.

This information should be consistent with the pest management plan and the pesticide use notice that relate to this confirmation.

- Map is attached to this form or provided as an electronic attachment.**

Section 4: Wood Poles

Only complete this section if you intend to treat wood poles as a confirmation holder.

Number of poles proposed to be treated:

Section 5: Authorization Declaration

I am:	<input type="checkbox"/> A confirmation holder <input type="checkbox"/> An agent	1
Certification:	<input type="checkbox"/> I declare that the information contained on this form is complete and accurate.	2
Reporting Year:		3

Full Name:		4
Title:		5
Signature:		6
Date signed: (YYYY/MM/DD)		7