



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

REGISTRAR: ACT No. 36 OF 1947

Agriculture Place, 20 Steve Biko/Beatrix Street, Arcadia, Pretoria
Private Bag X343, PRETORIA, 0001, Republic of South Africa
Enquiries: R. Hefer, Tel. RupertH@dalrrd.gov.za; (012) 319-7187, RobertT@dalrrd.gov.za;
Visit our website at www.dalrrd.gov.za/act36/main.htm

Dear Sir/Madam

1 April 2023

ACT No. 36 OF 1947: REGISTRATION AS A PEST CONTROL OPERATOR

1. Your enquiry regarding the registration of Pest Control Operator refers.
2. Any person who reward OR in the course of a business, industry or trade uses an agricultural remedy must register as a Pest Control Operator in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947) as amended and the regulations relating thereto as published in Government Notice No. R.98 of 18 February 2011.
3. **According to these regulations, an application can only be considered if the applicant submits the following:**
 - * The prescribed application fee of **R 2 809 .00** to this office:
Payment must be made to: Agriculture , Land Reform and Rural Development or internet transfer: Bank name: Standard Bank, Branch name: Tshwane Mid City, Branch code: 010145, Branch code-electronic payments: 051001, Account name: DALRRD: Act 36 of 1947, Account no.: 011203102, Ref. 16 PC 1. Name and Surname
 - * A complete application form (copy attached).
 - * Sworn affidavit (copy attached).
 - * A medical report completed by a qualified medical practitioner (copy attached).
 - * Submit a detailed sworn affidavit in your own words regarding experience in the particular field you require registration (\pm 2 pages).
 - * Your supervisor must also confirm that the above-mentioned is true. (This will be a registered pest control operator.)
 - * Certified copies of all relevant certificates.
 - * Certified copy of tertiary qualification.
 - * Copy of the supervisor (registered pest control operator) registration certificate.
 - * Certified copy of identity document.

NOTE: Fees are subject to change as required by the Legislation.

- (b) Recognizes and has administered agricultural remedies for at least six months under supervision.
Experience must be obtained for **12 months to be registered in the field Fumigation.**
Regulation 2(3) (c): Has successfully completed a course of instruction with an accredited training facility. Experience must be sustained by a sworn affidavit.

PLEASE NOTE:

- * The applicant must furnish proof of administering agricultural remedies for at least six months under the supervision of a registered Pest Control Operator.
- * Your supervisor must also confirm the above-mentioned.

4. The following fields of registration are available:

- (i) Aerial Application - application or advisory.
- (ii) Agriculture and Forestry.
- (iii) Industrial Vegetation and Noxious Weeds.
- (iv) Landscape.
- (v) Structural.
- (vi) Fumigation
- (vii) Supplemental and/or remedial wood treatment.
- (viii) Any other relevant specialization.


5. An applicant who wishes to apply for the field of Aerial Application (I), must provide proof that he/she passed the Agricultural and Veterinary Chemicals Association of South Africa's (AVCASA) Course for Aerial Crop Sprayers and should submit a copy of his/her valid pilots license. Instead of the prescribed medical report, a certified copy of the medical report issued by the IAM (Institute for Aerial Medical) can be submitted. All enquiries regarding this course should be made directly to the following:

Pest Management Academy (PMA)

Tel. no: 0861 99 99 00
011453 0075
Fax no: 08661 84850
e-mail : ipmc@vodamail.co.za

The application must comply with the following requirements:

- (a) Part ii (2) (c) (1) The National Certificate in Pest Control must be obtained. This course is presented by the following:

- * **Pest Management Academy (PMA)** 
Contact person: Mr H Pottas, No 83 Linksfield Road, Dowerglen, Edenvale, Johannesburg.
Tel. no.: 0861 99 99 00
Fax no : 086 618 4850
E-mail : ipmc@mweb.co.za

Course co-ordinator: Mr Henk Pottas
Tel. no.: 083 294 8022 / 0861 99 99 00 / (011) 453 0075
E-mail: ipmc@vodamail.co.za


- * **Pest Control Service Industries Board (PCITA)** 
Contact person: Administrator: Lynette Cockayne, Hazel Close Office Park, Building 4, 141 Witch Hazel Avenue, Higveld Techno Park , Centurion.
Tel. no.: (012) 654-7708
Fax no.: 086 556 1943

Course Co-ordinator: Ms Lynette Cockayne

Tel. no.: (012) 654-7708

E-mail: lynette@pcita.org.za;

DeltaTrax Projects

Contact Person : Lawrence Meintjies, 115 Chervil Avenue, Plot 20, Wonderboom, Pretoria.
Tel no : (012) 566 3315 / 082 55 171 09 
E-mail : admin@deltatrax.co.za;

Facilitator: Lawrence Meintjies

Grain Training Institute (GTI) 

Contact person : Ms Doreen Venter, PO Box 18681, Pretoria North, 0116
 Tel. no : 071 312 7413
 Fax no : 086 527 8869

Course co-ordinator: Mr Hendrik van Aswegen

Tel no : 083 227 8161
 E –mail : info@gtinstitute.co.za

Invader Plant Specialists 

Contact person: Dr Graham Harding, PO Box 3879, Durbanville, 7551.
 Tel no: 021 976 6127
 Cell: 083 413 7411
 Fax no: 021 976 6127

Course co-ordinator: Dr Graham Harding

Cell : 082 412 7411
 E-mail: harding@pixie.co.za

New Africa Skills Development 

Contact person: Ms Serene Juganath, PO Box 278, Merrivale, 3291
 Tel no: 033 330 7002
 Fax no: 033 330 7005

Course co-ordinator: Ms Serene Juganath

Cell: 083 677 0710
 E-mail: admin@nasd.co.za;

Croplife/ AVCASA

Contact person: Ms Hester Jordaan, PO Box
 Tel no: 087 980 5153
 Fax no: 087 980 5164

Course co-ordinator: Ms Hester Jordaan

Tel no: 087 980 5163
 E-mail: jordaanh@gmail.com

NOTE: Fees are subject to change as required by the Legislation.

- (b) Recognizes and has administered agricultural remedies for at least six months under supervision.
 Experience must be obtained for **12 months** to be registered in the field **Fumigation**.
Regulation 2(3) (c): Has successfully completed a course of instruction with an accredited training facility. Experience must be sustained by a sworn affidavit.

PLEASE NOTE:

- * The applicant must furnish proof of administering agricultural remedies for at least six months under the supervision of a registered Pest Control Operator.
- * Your supervisor must also confirm the above-mentioned.

PERIOD OF REGISTRATION

The registration will be valid for a period of three (3) years.

GENERAL

Please submit your completed application as soon as possible and ensure that you have stated the correct particulars regarding your address, ID no., telephone/cellular , postal codes and province. If possible, please supply an "e-mail" address.

Please note that PCO's shall be skilled in the execution of their duties in order to retain their registration certificate. Pest Control Operators can expect to be tested for proficiency (Government Gazette No. R 98 dated 18 February 2011, Part iii, Par.10(2) refers) at any time.

Please note: Renewal forms as required by the legislation are forwarded to all Pest Control Operators during the first week in April each year. The period of registration shall in the case of a PCO be valid until 30 June each year. Provided that if a registration is granted during a particular calendar year within three months prior to the applicable expiry date this application shall be valid until the expiry date concerned in the following calendar year.

Should you have any further enquiries, do not hesitate to contact this office: Mr Robert Tshwane at (012) 319-6970, e-mail: RobertT@dalrrd.gov.za; or Mr Rupert Hefer at (012) 319-7187, e-mail RupertH@dalrrd.gov.za; Mulisa Raligidima (012) 319-7096, e-mail: MulisaR@dalrrd.gov.za

Yours sincerely



p.p. REGISTRAR: ACT No. 36 OF 1947

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ANNEXURE A: APPLICATION FORM



agriculture, land reform
& rural development

Department
Agriculture, Land Reform & Rural Development
REPUBLIC OF SOUTH AFRICA

Republic of South Africa
Registrar: Act 36/1947
Private bag x343
0001 Pretoria

FERTILIZERS, FARM FEED, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947
(ACT No. 36 OF 1947) AS AMMENDED

APPLICATION FOR REGISTRATION AS A PEST CONTROL OPERATOR

INFORMATION FOR APPLICANTS

1. The application form must be duly completed in all respects.
2. Submit only a single application together with the prescribed registration fee.
3. The application must be accompanied by proof of continual education training and/or information obtained within the current registration cycle.
4. A medical report on the accompanying form is also required.
5. The application must be submitted to the Registrar: Act No. 36 of 1947, Private Bag X 343, Pretoria, 0001.
6. For further information visit our website at www.dalrrd.gov.za

APPLICANT INFORMATION (Please print)

Full names and surname: _____

Postal Address: _____ Postal Code: _____

Physical address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Cell No: _____

E-mail: _____

Date of birth: _____ I.D. No: _____

MM /DD / YY

Are you registered in another field? Yes No

If Yes, which Field (s)? _____

NAME AND ADDRESS OF EMPLOYER/OWN BUSINESS INFORMATION (Please Print)

Name of Employer/Own Business: _____

Residential/Street Address: _____

City: _____ Province: _____ Postal Code: _____

Tel : _____ Fax: _____ E-mail: _____

FIELDS OF PEST CONTROL IN WHICH REGISTRATION IS REQUIRED (Please Tick)

- (i) **Aerial Application**
- (ii) **Agriculture and Forestry**
- (iii) **Industrial Vegetation and Noxious Weeds**
- (iv) **Landscape**
- (v) **Structural**
- (vi) **Fumigation**
- (vii) **Supplemental and/or remedial treatment**
- (viii) **Any other relevant specialization**

EDUCATIONAL QUALIFICATIONS OBTAINED (PLEASE ATTACHED A CERTIFIED COPY)

Qualifications	Subjects obtained	Training Centre	Date Obtained

PROOF OF PRACTICAL EXPERIENCE OBTAINED (PLEASE ATTACHED AFFIDAVIT FROM THE APPLICANT AND CONFIRMATION DOCUMENT FROM THE SUPERVISOR/EMPLOYER).

Name of Business/Supervisor	Field of Pest Control	Period in Training

**Declaration to be made in the presence of a Justice of Peace/Commisioner of Oath
Verklaring wat voor 'n Vrederegter/Kommissaris van Ede afgele moet word**

DATE/DATUM

INITIALS AND SURNAME
VOORLETTERS EN VAN

TEL NO.

**SIGNATURE OF DEPONENT
HANDTEKENING VAN VERKLAARDER**

I, certify that the deponent has acknowledge that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature was placed thereon in my presence

Ek sertifiseer dat die verklaarder erken dat hy/sy vertrouwd is met die inhoud van die verklaring en dit begrip.

Hierdie verklaring is beedig/bevestig voor my en verklaarder se habdtekening is in my teenwoordigheid daarop aangebring

**JUSTICE OF THE PEACE/VREDEREGTER
COMMISSIONER OF OATH/KOMMISSARIS VAN EDE**

Full first names and Surname
Volle voorname en Van _____

Designation (Rank)
Amp (Rang) _____

Business Address (Street Address)
Besigheidsadres (Straat Adres) _____

Date/Datum _____

Place/Plek _____

SWORN AFFIDAVIT/BEËDIGDE VERKLARING

I the undersigned / Ek die ondergetekende

Surname/Van:	Address/Adres:
Full names/Volle name:
.....
Identity no./Identiteitsno.:	Postal code/Poskode:

FIELDS OF PEST CONTROL IN WHICH REGISTRATION IS REQUIRED VELDE VAN PLAAGBEHEER WAARVOOR REGISTRASIE VERLANG WORD

- | | |
|--|---|
| (i) Aerial Application (application or advisory) /Lugbespuiting (toediening of adviserend) | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| (ii) Plant Pests and Diseases / Plantplae en Siektes | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| (iii) Weed Control / Onkruidbeheer | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| (iv) Structural Pest Control / Plaagbeheer in Strukture | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| (v) Fumigation / Beroking | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| (vi) Wood Preservation / Houtverduursaming | <input style="width: 100%; height: 20px;" type="checkbox"/> |

THE REGISTERED PEST CONTROL OPERATOR UNDER WHOSE SUPERVISION OR COMPANY WORKED FOR/ DIE GEREГИSTREERDE PLAAGBEHEEROPERATEUR ONDER WIE SE TOESIG OF FIRMA WAAR GEWERK

1. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer: P _____
2. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer P _____
3. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer P _____

PLEASE TURN OVER/BLAAI OM ASB.

**Declaration to be made in the presence of a Justice of Peace/Commissioner of Oath
Verklaring wat voor 'n Vrederegter/Kommissaris van Ede afgelê moet word**

DATE/DATUM

**INITIALS AND SURNAME
VOORLETTERS EN VAN**

TEL. NO.

**SIGNATURE OF THE DEPONENT
HANDTEKENING VAN VERKLAARDER**

I certify that the deponent has acknowledge that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponents signature was placed thereon in my presence.

Ek sertifiseer dat die verklaarder erken dat hy/sy vertrouwd is met die inhoud van die verklaring en dit begryp.
Hierdie verklaring is beëdig/bevestig voor my en verklaarder se handtekening is in my teenwoordigheid daarop aangebring.

**JUSTICE OF THE PEACE / VREDEREGTER
COMMISSIONER OF OATHS / KOMMISSARIS VAN EDE**

Full first names and Surname
Volle voorname en Van _____

Designation (Rank)
Amp (Rang) _____

Business Address (street address)
Besigheidsadres (straatadres) _____

Date/Datum _____

Place/Plek _____

CONFIDENTIAL - VERTROULIK
MEDICAL REPORT OF/GENEESKUNDIGE VERSLAG VAN
PEST CONTROL OPERATORS (PCO's)/PLAAGBEHEEROPERATEURS (PBO's)

A ε(Please Note: Only particulars of PCO in A/Let Wel: Net besonderhede van PBO in A)

SURNAME/VAN _____	IDENTITY NO. IDENTITEITSNO _____
FIRST NAMES/VOORNAME: _____	
REGISTRATION NO/REGISTRASIE NO: P. _____	SIGNATURE OF PCO:/ HANDTEKENING VAN PBO: _____
THE PASIENT IS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF THIS MEDICAL EXAMINATION DIE PASIENT IS PERSOONLIK VERANTWOORDELIK VIR DIE VOLLE BETALING VAN HIERDIE ONDERSOEK	

B **MUST BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER/**
MOET DEUR 'N GEREGISTREERDE GENEESHEER VOLTOOI WORD

Replies are to be indicated by means of a cross in the appropriate square (except item 1, 2, 3, 6b, 7b, 8c and 14).
 If a cross appears in any YES square full details should be furnished under Item 14.
 Antwoorde moet deur middel van 'n kruisie in die betrokke blokkie aangedui word (behalwe item 1, 2, 3, 6b, 7b, 8c en 14)
 Indien 'n kruis in enige JA blokkie verskyn moet volledige besonderhede onder Item 14 verstrek word.

1. Age: _____ years Ouderdom: _____ jaar	2. Body mass: _____ kg Liggaamsmassa: _____ kg	3. Length: _____ cm Lengte: _____ cm
4. SKIN/VEL Are there any signs or evidence of a disease? Is daar enige tekens of getuienis van 'n siektetoestand?		YES/JA NO/NEE
5. SKELETON AND JOINTS/BEENSTELSE EN GEWRIGTE Are there any signs or evidence of a disease or abnormality? Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?		
6. (a) HAS THE APPLICANT ANY DEFECT OF HET DIE AANSOEKER ENIGE GEBREK AAN		
(i) Hearing/Gehoor?		
(ii) Speech/Spraak?		
(iii) Teeth/Tande?		
(iv) Sight/Gesig?		
(b) VISUAL ACUITY ACCORDING TO SNELLEN'S OPTOTYPES/ GESIGSKERPTE VOLGENS SNELLEN SE PROEFLETTERS		
Left eye/Linkeroog Right eye/Regteroog	Without glasses Sonder bril	With glasses Met bril
7. CIRCULATORY SYSTEM/BLOEDSOMLOOPSTELSEL		YES/JA NO/NEE
(a) Are there any signs or evidence of disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
(b) Blood pressure/Bloeddruk		
Systolic/Sistolies:		
Diastolic/Diastolies:		
8. RESPIRATORY SYSTEM/ASEMHALINGSTELSEL		YES/JA NO/NEE
(a) Is chest well developed? Is borskas goed ontwikkel?		
(b) Are there any signs or evidence of disease or abnormality Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?		
(c) *Chest size - Nipple line/Borsmaat - Tepelhoogte: (i) On full inspiration/By volle inaseming (ii) On full expiration/By volle uitaseming		

*Omit in the case of female patients/Laat weg in die geval van vroulike pasiënte

	YES/JA	NO/NEE
9. DIGESTIVE SYSTEM/SPYSVERTERINGSTELSEL Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
10. GENITO URINARY SYSTEM/GESLAGS URIN&RE ORGANE (a) Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit? (b) Is albumen, sugar, pus, blood or any other abnormal constituent present in the urine? Is eiwit, suiker, etter, bloed of enige ander abnormale bestanddeel in die urine teenwoordig?		
11. NERVOUS SYSTEM/SENUSTELSEL Are there any signs of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
12. ANY OTHER ILLNESS/ENIGE ANDER SIEKTE Is there any sign or evidence that the patient is suffering or has suffered from any other illness? Is daar enige tekens of getuienis dat die pasiënt aan enige ander siekte ly of gely het?		
13. Is the patient maimed, deformed or physically defective or disfigured in any way or are there any operation scar(s)? Is die pasiënt op enige wyse vermink, misvorm of liggaamlik gebrekkig of mismaak of is daar enige operasielitteken(s)?		
14. If a cross appears in any YES square, except 8, FULL DETAILS thereof should be furnished here. Indien 'n kruis in enige JA blokkie, behalwe 8, verskyn moet VOLLEDIGE BESONDERHEDE daaromtrent hier verstrek word.		

C

1. Do you consider that the patient is in GOOD HEALTH and free from any physical or mental defect, disease or infirmity which is likely to interfere with the proper performance of his/her duties in the handling of substances which are toxic by ingestion, inhalation or skin absorption. Is u van mening dat die pasiënt in GOEIE GESONDHEID is en dat hy/sy vry is van enige liggaamlike of verstandelike gebrek, siekte of swakheid van hom/haar sou kon verhinder in die hantering van stowwe wat toksies is by inname, inaseming of velabsorpsie.	YES/JA	NO/NEE
2. THE COMPLETED FORM MUST PLEASE BE MAILED TO THE REGISTRAR: ACT 36 OF 1947, PRIVATE BAG X343, PRETORIA 0001 DIE VOLTOOIDE VORM MOET ASSEBLIEF AAN DIE REGISTRATEUR: WET 36 VAN 1947, PRIVAATSAK X343, PRETORIA 0001 GEPOS WORD		
_____ Signature/Handtekening (Dr)	_____ Name of Dr/Naam van Dr	Date/Datum: _____
	_____ Professional qualifications/ Professionele kwalifikasies	Place/Plek: _____

CHECK LIST

APPLICATION FOR THE REGISTRATION AS A NEW PEST CONTROL OPERATOR FROM 1 APRIL 2023

	TAKE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING INFORMATION IS OMITTED/OR NOT DULY COMPLETED	TICK HERE
1.	Applicable application fee paid. (R2 809.00)	
2.	Proof of payment attached if paid electronically.	
3.	Duly completed application form.	
4.	Application form signed, dated and attested to by a Commissioner of Oaths.	
5.	Medical certificate from occupational practitioner, attached. Indicate HPCSA Practise number on medical certificate	
6.	Pro-forma sworn affidavit attached. Complete in detail.	
7.	Detailed sworn affidavit in your own words. ± 2 pages regarding experience. This document <u>must</u> be attested to by a Commissioner of Oaths.	
8.	Confirmation from supervisor (registered pest control operator) confirming the above, in respect of experience.	
9.	Also attach a copy of the registration certificate of the supervisor (registered pest control operator).	
10.	Certified copies of all relevant educational/qualification certificates (e.g. Grade 12 certificate).	
11.	Certified copy of Identity document.	
12.	This office will not accept WALK-INS on Mondays and Fridays	