

Annual Report on Pesticide Use For The Year 20¹⁸**For Pesticide User Licence Holders**

This annual report form can be submitted to the Ministry of Environment by mail, courier, fax, or by e-mail, and **must be submitted to the Administrator, Integrated Pest Management Act prior to January 31.**

Mail or Fax:

Administrator, *Integrated Pest Management Act*
Integrated Pest Management Program
Ministry of Environment
PO Box 9377 Stn Prov Govt
Victoria BC V8W 9M6
Fax: (250) 356-0299

Courier:

Administrator, *Integrated Pest Management Act*
Integrated Pest Management Program
Ministry of Environment
525 Superior Street
Victoria BC V8V 1T7

E-mail:

Your completed form and
electronic versions of maps
may be included in an e-mail
sent to IPMPBC@gov.bc.ca

Please complete this form if you are a Licence holder using pesticides.

Please do not complete this form if you are a:

- Licence holder reporting **annual sales** information should use [Annual Summary for Reportable Sales](#)
- Confirmation holder reporting **annual use** information should use [Annual Report on Pesticide Use for Confirmation Holders](#)
- **Permit holder and licence holder reporting treatment on more than 20 ha of private forest land** reporting annual use information should use [Annual Report on Pesticide Use for Permit holders & Pesticide User Licence Holders reporting treatment on more than 20 ha of private forest land](#)

1. LICENCE HOLDER INFORMATION

Licence Holder Name

Golfbc Holdings Inc.

Licence Number

22447

Address

643 Latoria Road

City, Postal Code

Victoria BC, V9C 3A3

Contact First and Last Name

Brett Finlayson

Contact Telephone (###) ###-####

(250) 474 - 3672

2. ANNUAL SUMMARY

- Submit this summary to the Administrator, *Integrated Pest Management Act* before January 31.
- Report all non-Excluded class pesticides used over the last calendar year (January 1 – December 31).
- Complete this record accurately. The most common mistake in completing these records is writing down the wrong P.C.P. Act Registration Number.
- The only acceptable units for reporting quantities used are kilograms of product (not "jugs", "cases", "L", "mL" etc.). Record the amount used from the product container before mixing. Do not report diluted quantities. Do not report the quantity of active ingredient. For this report you may consider 1 L of product to weigh 1 kg.
- Record each separate product on a separate line.

Pesticides Applied Other Than a Service To Another Licensee, A Confirmation Holder Or Permit Holder

Pesticide Product Name	Active Ingredient Name	P.C.P. Registration Number	Quantity Used (kg of product)	Size of Area Treated ¹ (ha)		
e.g. Assail 70 WP	Acetamiprid	27128	3.5			
Daconil 2787	Chlorothalonil	15724	136	1.3928		
Interface	Trifloxystrobin, Iprodione	31906	43	1.3928		
QualiPro Propiconazole	Propiconazole	28797	18	1.3928		
Primo Maxx	Trinexapac-ethyl	26989	11.27	1.8571		
Civitas	Mineral Oil	29825	320	1.3928		
Mirage	Tebuconazole	32405	13.4	1.3928		
Velista	Penthiopyrad	30334	1.25	1.3928		
Exteris	Fluopyram, Trifloxystrobin	32206	39	1.3928		
Intaglio	Chlorothalonil, Iprodione, Fludioxonil	32765	90.45	1.3928		
Secure	Fluazinam	32991	6.68	1.3928		

Pesticides Applied As A Service To A Licensee, A Confirmation Holder or Permit Holder

Name Of Pesticide User Licence Holder For Whom A Service Was Provided	Pesticide User Licence Number		
e.g. BC Timber Sales	738-0014-11/16		

Pesticide Product Name	Active Ingredient Name	P.C.P. Registration Number	Quantity Used (kg of product)	Size of Area Treated ¹ (ha)		
e.g. Vantage	Glyphosate	26884	134	31		

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e.g. Assail 70 WP	Acetamiprid	27128	3.5			
Compass	Trifloxystrobin	27527	0.2785	1.3928		

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e.g. Vantage	Glyphosate	26884	134	31		

¹Report the total area treated for pesticide used to manage: forest pests on public or private land used for timber production; vegetation on facilities or rights of way for railways, highways, public utilities and pipelines on public or private land or other industrial sites on public land; and invasive or noxious weeds on public land. Total area treated does not need to be reported for other pesticide uses.

3. AUTHORIZATION

I am: ☐ A Pesticide User Licence Holder ☒ Signing on behalf of a Pesticide User Licence Holder

I declare that this is an accurate and true summary of the pesticides used
by this Licence holder for the 12 months ending December 31, 2019

Name

Sean Olsen

Title

2nd Assistant Superintendent

Signature

→ OR: ☒

By checking this box, I declare that the
information contained on this form is
complete and accurate information and
that I am authorized to sign on behalf of
the Licence Holder.

Date Signed (MMM/DD/YYYY)

01/14/2019