

**APPLICATION FOR LICENCE OF MANUFACTURE/ FORMULATION AND  
SALE OF PESTICIDE**

Date: -----

To.

Secretary

Pesticide Registration Board

1. Name of applicant: -----  
-----

2. National Identity Card/ National Registration/ Foreigner Registration  
No. -----

3. Professional qualification: -----

4. Permanent address: -----  
-----

5. The address of the premises in which the pesticides will be  
manufactured, store and sold: -----  
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(a) Type of building (roof/wall/floor):-----

(b) area-----

(c) Sanitation and protective facilities: -----  
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6. Name of active ingredient(s) to be formulated/ manufactured: -----  
-----  
-----

7. Detail description of final product (formulation, active ingredient  
content, and packing material, packing size): -----  
-----  
-----

8. Planned yearly output of each pesticide: -----  
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9. Name and qualification of responsible persons to be involved in the  
production-----  
-----

Signature of applicant



THE REPUBLIC OF THE UNION OF MYANMAR

PESTICIDE REGISTRATION BOARD

LICENCE FOR MANUFACTURE/ FOUMLATION SALE OF PESTICIDES

Date-----

1. License Number: -----

2. U/Daw ----- National Identity Card/ national Registration/ Foreigner Registration No.----- of ----- enterprise/company is hereby granted license to manufacture/ formulate and sell the pesticides hereunder on the premises situated at ----- under the supervision of the following expert staff;

Name: ----- Qualification: -----
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Table with 3 columns: Name of product, Active Ingredient, Concentration (G/kg or Lt). Rows are blank with dashed lines for input.

Secretary
Pesticide Registration Board

### **Requirements for Formulation License;**

2. Brief description of technological process including decontamination of waste and other discharge of the plant;
3. Number of registration or amended registration, if any, of pesticide;
4. Written consent of the patent owner of pesticide or manufacturer of the active ingredient;
5. Certified Pesticide Applicator Identity Card;
6. Label of formulated products;

### **Formulation License Process;**

1. The Pesticide used in Formulation shall be registered in Pesticide registration board;
2. The Companies desirous of Formulation license shall be submitted, the application form as the requirement as follow;
  - Completed application form
  - Brief description of technological process including decontamination of waste and other discharge of the plant;
  - Number of registration or amended registration, if any, of pesticide;
  - Written consent of the patent owner of pesticide or manufacturer of the active ingredient;
  - Certified Pesticide Applicator Identity Card;
  - Label of formulated products;
3. The Co- secretary of Pesticide Registration Board Office organized a technical committee and technical committee members will make a field inspection at Factory.
4. The Co- secretary will evaluate the field inspection report and will submit to the Pesticides Registration Board.

5. After the Pesticide Registration Board makea decision, the company has to pay license fees as issue of Pesticide Registration Board.
6. After payment advice the Secretary of Pesticide Registration Board issue the license.

## APPLICATION FOR FUMIGATION LICENCE

Date: -----

To.

Secretary

Pesticide Registration Board

1. Name of Company /Enterprise -----2.

Trade registration number: -----

3 Address of Company/Enterprise:-----

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4. Name of applicant: -----

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5. National Identity Card/ National Registration/ Foreigner Registration

No.-----

6. Address of applicant:-----

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7. Type of Fumigation business: -----

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8.Name of Employee -----

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Professional qualification and Certified Pesticide Applicator Card -----

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Signature of applicant



**THE REPUBLIC OF THE UNION OF MYANMAR**  
**PESTICIDE REGISTRATION BOARD**  
**LICENCE FOR FUMIGATION SALE OF PESTICIDES**

Date-----

License Number: -----

1. Name of Company/Enterprise: -----  
 -----

2. Trade registration number: -----

3. Address of Company/Enterprise: -----  
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4. Name of applicant: -----  
 -----

5. National Identity Card/ National Registration/ Foreigner Registration No. -  
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6. Address of applicant: -----  
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7. Type of Fumigation business: -----  
 -----

8. Professional qualification and Certified Pesticide Applicator Card

Number of Employees:-

No	Name	Qualification	CPA Card Number
(1)	-----		
(2)			
(3)			

9. Date of permit: -----

10. Expire Date: -----

Secretary  
Pesticide Registration Board



## **Requirements for Fumigation License;**

1. Application Form
2. Receipt for payment of license fee (original);
3. Lists of Materials used for Fumigation
4. Certified Pesticide Applicator Identity Card;

## **Fumigation License Process;**

7. The Pesticide used in fumigation shall be registered in Pesticide registration board;
8. The Companies desirous of fumigation shall be submitted, the application form as the requirement as follow;
  - Completed application form
  - Questionnaires to the person wishing to conduct pesticide treatments for export commodities and pest control
  - list of materials used for fumigation and pest control
  - the copy of pest certificate of systematics handling and use of pesticide.
9. The inspection team concerned the technical committee member by Co-Secretary and field inspection.
10. According to the report of inspection team, the Co-secretary evaluate and allow to company for license.
11. After payment for license fees, issue the license to the company.

**APPLICATION FOR LICENCE FOR REPACKING AND  
SALE OF PESTICIDES**

Date-----

To.

Secretary

Pesticide Registration Board

1. Name of applicant: -----  
-----
2. National Identity Card/ National Registration/ Foreigner's Registration  
No: -----
3. Professional qualification: -----
4. Permanent address: -----
5. The address, of the premises in which the pesticides will be re-  
packed, stored and distributed: -----
  - (a) Type of building: -----  
(roof/wall/floor)-----
  - (b) Building area: -----
  - (c) Sanitation and protective facilities: -----  
-----  
-----
6. Name of pesticide, Registration or amended registration no., name of  
manufacturer/ importer: -----  
-----
7. The approximate amount of pesticide to be re-packed yearly: -----  
-----
8. Number and qualification of employees: -----  
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Signature of applicant



THE REPUBLIC OF THE UNION OF MYANMAR  
PESTICIDE REGISTRATION BOARD  
LICENCE FOR REPACKING AND SALE OF PESTICIDES

Date-----

1. License Number: -----

2. U/Daw ----- National Identity Card/ national Registration/  
Foreigner Registration No. ----- is hereby granted license  
for repacking the pesticides specified hereunder on the premises  
situated at ----- under the supervision of  
the following expert staff;

Name: ----- Qualification: -----

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Name of pesticide Package	Active Ingredient	Concentration (g/kg or Lt)	Size
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Secretary  
Pesticide Registration Board

### **Requirements for Repacking License;**

- (1) Receipt for payment of license fee (original)
- (2) The sample of containers packing materials and their labels (instructions)
- (3) The consent of the holder of registration and manufacture of the holder of registration and manufacture of the pesticide.
- (4) Certificate regarding the safe handling and distribution of pesticides and first aid methods.

### **Repacking License Process;**

12. Completed Application Form.
13. The Co- secretary of Pesticide Registration Board Office organized a technicalcommittee and technicalcommitteemembers will make a field inspection at Factory.
14. The Co- secretary will evaluate the field inspection report and will submit to the Pesticides RegistrationBoard.
15. After the Pesticide Registration Board makea decision, the company hasto pay license fees as issue of Pesticide Registration Board.
16. After payment advice the Secretary of Pesticide Registration Board issue the license.

**APPLICATION FOR LICENCE OF WHOLE/RETAIL SALE OF PESTICIDE**

Date:

To.

District Officer

Department of Agriculture

1. Name of applicant: -----
2. National Identity Card/ National Registration/ Foreigner's Registration  
No. -----  
-----
3. Professional qualification: -----
4. Permanent address: -----  
-----
5. The address (es) of the premises in which the pesticides will be  
stored and sold: -----
  - (a) Type of building (roof, wall, floor) ; -----
  - (b) Area; -----
  - (c) Sanitation and protective facilities; -----  
-----

6. Statement on the distance of the nearest tea-shop and shops selling food, animal feed and medicine etc. ; -----  
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7. Type of sale business (whole sale or retail sale or both); -----  
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Signature of applicant



**GOVERNMENT OF THE UNION OF MYANMAR  
MINISTRY OF AGRICULTURE, LIVESTOCK AND IRRIGATION  
DEPARTMENT OF AGRICULTURE**

**LICENCE FOR WHOLE / RETAIL SALE OF PESTICIDES**

Date: -----

1. License Number: -----

2. U / Daw ----- National Identity Card/ National Registration/ Foreigner Registration No.----- is hereby granted license for whole / retail sale of pesticides at the premises / store situated at -----

3. Date of issuance of license: -----

4. Expiry date of license: -----  
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District Officer  
Department of Agriculture

### **Requirements for Whole/Retail sale of pesticide;**

- (1) Receipt for payment of license fee (original).
- (2) Copy of pass certificate of systematic handling and use of pesticide.

### **The Procedure of Whole/Retail sale pesticide license ;**

- (1) The companies desirous of Whole/Retail sale pesticide license shall be submitted the completed application form to district office Department of Agriculture
- (2) The district officer will evaluate the completed application form with requirements and make a decision.
- (3) After decision company has to pay license fees.
- (4) After payment advice the district officer issue the license.