



## agriculture, land reform & rural development

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

Directorate Agriculture Inputs Control, Private Bag X343, Pretoria, 0001  
20 Steve Biko/Beatrix Street, Arcadia, Pretoria

From: Directorate: Agriculture Inputs Control  
Tel: (012) 319-6970 e-mail: [RobertT@dalrrd.gov.za](mailto:RobertT@dalrrd.gov.za)

Visit our website at <https://old.dalrrd.gov.za/Branches/Agricultural-Production-Health-Food-Safety/Agriculture-Inputs-Control>

**TO ALL PEST CONTROL OPERATORS (PCO's)**

**1 April 2025**

**Dear Sir/Madam**

### **ACT No. 36 OF 1947: RENEWAL - REGISTRATION AS A PEST CONTROL OPERATOR**

Please note that according to Act 36 of 1947, all Pest Control Operators (PCO's) registrations **must be renewed annually not later than 30 June 2025**. If the application for renewal is approved, such renewal will be valid for three years.

Please forward your completed application at your earliest convenience. Kindly advise this office in writing of any changes regarding your particulars such as the address, etc. This will enable the Registrar's office to issue the new certificate of registration correctly. If you have no more interest in being a Pest Control Operator, please notify this office in writing and also send back your previous certificate in order for this office to update records.

In terms of Section (5) (3) (a) (b) i, ii, iii, iv and v of the Pest Control Operator Regulation No. R 98 of 18 February 2011, the Registrar would like to **inform all Pest Control Operators of the Registrar's intention to start the implementation of continual education training**, commonly referred to as Continuing Professional Development or CPD. Details to this extent with, will be communicated to the industry in due course.

#### **A. An application for renewal must consist of the following:**

1. A completed **application form-attested to by a commissioner of oaths**.
2. The current original certificate of registration as a PCO. Please ensure that you forward the current **original certificate** of registration as a PCO with your application to avoid unnecessary delays. In the case of the original certificate being lost, misplaced, stolen, etc., please forward a statement to the Registrar's office confirming the fact.
3. The **complete medical report** on the prescribed form. *The PCO must complete section A and sign appropriately*. Please note that the medical report should be forwarded together with the renewal application form to the Registrar.
4. An application fee of **R 1 659.00** - must be made via EFT to:  
**Department of Agriculture, Land Reform and Rural Development, Bank name: Standard Bank, Branch name: Tshwane Mid City, Branch code: 010145, Branch code (EFT): 051001, Account name: DALRRD: Act 36 of 1947, Account no: 011203102, Ref. 16PC2- Initial and Surname.**

**B. Certified copies of the following documents must also accompany an aerial applicator's application:**

1. A medical certificate issued by the Institute for Aviation Medicine if the standard medical form is not used.
2. An official pilot's license, which indicates the validated dates.

**C. Please note that the attached checklist must be completed and submitted.**

Please note that applications, whether by post or by hand, must reach the office of the Registrar **before 16:00 on 30 June 2025.**

To avoid unnecessary delays, all applications must consist of an **application form**, your **current original certificate**, a **medical report** and the **correct application fee**. **If an incomplete application is received, your application will not be attended to.**

All applications received from **1 July 2025**, must include an additional late application fee of **R 882.00** (*Note: Fees are subject to change as required by Legislation*), which brings the total application fee for the applicable period to **R 1 659.00 + R 882.00 = Total: R 2 541.00.**

Applications received by this office **after 31 July 2025 will not be considered** and such registrations will lapse in accordance with the provisions of the Act. In such an event, the PCO must apply anew for registration. The fact that the PCO was registered previously shall not necessarily imply that the PCO will be registered again. (Government Gazette R. 98 of 18 February 2011.) (*Note: Fees are subject to change as required by Legislation.*) **NOTE: Please note that a new application must be submitted after 31 July as the renewal cycle ends on 31 July this year. A letter to request re-instatement and to retain the same old P registration number must be forwarded to this office.**

**If any information is omitted, the application will be returned to you and an additional application fee will be payable.**

**PERIOD OF REGISTRATION: PLEASE TAKE NOTE THAT THE REGISTRATION WILL BE VALID FOR A PERIOD OF THREE (3) YEARS**

**ALL RENEWAL DOCUMENTATION CAN EITHER BE SUBMITTED BY HAND IN PLACING DOCUMENTS IN DROP BOX AT THE REGISTRAR'S OFFICE OR BE POSTED.**

**Please ensure that your Postal address is still valid as the normal Post Office Services have closed most of their branches.**

**You may use our street address:**

**Agriculture Place, 20 Steve Biko street, Arcadia, Pretoria, Passage L B, First floor, Room 7/8**

**Attention : Robert Tshwane**

## **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 applicable, 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. 98 dated 18 February 2011 refers) at any time.

**In the event of any uncertainties please contact: Mr Robert Tshwane at (012) 319-6970, e-mail: [RobertT@dalrrd.gov.za](mailto:RobertT@dalrrd.gov.za);**

**All renewal forms will be accessible on the link below:**

**<https://www.daff.gov.za/daffweb3/Branches/Agriculture-Production-Health-Food-Safety/Agriculture-Inputs- Control>**

Yours sincerely

  
\_\_\_\_\_  
pp REGISTRAR: ACT No. 36 OF 1947

## ANNEXURE A: APPLICATION FORM


**agriculture**

 Department:  
 Agriculture  
 REPUBLIC OF SOUTH AFRICA

 Republic of South Africa  
 Registrar: Act 36/1947  
 Private Bag X343  
 0001 Pretoria

**FERTILIZERS, FARM FEEDS, AGRICULTURAL REMEDIES AND STOCK REMEDIES ACT, 1947  
 (Act No. 36 OF 1947), AS AMENDED**
**APPLICATION FOR RENEWAL OF 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 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 X343, Pretoria, 0001.
6. For further information visit our website at [www.dalrrd.gov.za](http://www.dalrrd.gov.za)

**APPLICATION INFORMATION (Please print)**

Full names and surname: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ I.D. No: \_\_\_\_\_  
                     MM     DD     YY

P. Registration number \_\_\_\_\_

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

Full names and surname: \_\_\_\_\_

Residential/Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

| DECLARATION BY APPLICANT   |   |
|--|---|
| <p>I, hereby certify that the information furnished in this application and data provided in support is to the best of my knowledge true, correct and complies with the requirement of Act No. 36 of 1947; acknowledge my responsibilities in terms of the Act; and grant permission to the Registrar of Act No. 36 of 1947 to cancel this registration in terms of Section 4 of the Act should it be established that the information in this application and with this application is not true and does not comply with the requirements of the Act.</p> |   |
| <p>.....<br/>Title</p>   | <p>.....<br/>Name in Full (printed)</p> |
| <p>.....<br/>Signature</p>   | <p>.....<br/>Date</p>                   |

*(Note: Any person who in any application makes any statement which is false in any material respect knowing it to be false, or fails to disclose any information with intent to deceive, shall be guilty of an offence).*

**DECLARATION TO BE MADE IN THE PRESENCE OF  
A JUSTICE OF PEACE / COMMISSIONER OF OATHS**

|  |   |  |
|--|---|--|
| <p>I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponents signature/thumb print/mark was placed thereon in my presence.</p> |   |  |
|  | <p>.....</p>                                |  |
|  | <b>INITIAL AND SURNAME OF THE APPLICANT</b> |  |

|                                  |   |                 |
|----------------------------------|---|-----------------|
| <p>.....</p>                     | <p>.....</p>  | <p>.....</p>    |
| <b>SIGNATURE OF COMMISSIONER</b> | <b>DATE</b>   | <b>TEL. NO.</b> |
|                                  | <p>.....<br/><b>JUSTICE OF THE PEACE/ COMMISSIONER OF OATHS</b></p> |                 |

Official Stamp

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

**A**

|   |   |
|---|---|
| SURNAME/VAN _____<br><br>FIRST NAMES/VOORNAME: _____<br>REGISTRATION NO/REGISTRASIE NO: _____<br>P. _____   | IDENTITY NO. _____<br>IDENTITEITSNO _____<br><br>SIGNATURE OF APPLICANT: _____<br>HANDTEKENING VAN AANSOEKER: _____ |
| <b>THE PASIENT IS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF THIS MEDICAL EXAMINATION</b><br><b>DIE PASIENT IS PERSOONLIK VERANTWOORDELIK VIR DIE VOLLE BETALING VAN HIERDIE ONDERSOEK</b> |   |

**B**     **MUST BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER/**  
**MOET DEUR 'N GEREISTREERDE 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).<br>If a cross appears in any <b>YES</b> square full details should be furnished under Item 14.<br>Antwoorde moet deur middel van 'n kruisie in die betrokke blokkie aangedui word (behalwe item 1, 2, 3, 6b, 7b, 8c en 14)<br>Indien 'n kruis in enige <b>JA</b> blokkie verskyn moet volledige besonderhede onder Item 14 verstrek word. |   |   |  |
| <b>1.</b><br>Age: _____ years<br>Ouderdom: _____ jaar   | <b>2.</b><br>Body mass: _____ kg<br>Liggaamsmassa: _____ kg | <b>3.</b><br>Length: _____ cm<br>Lengte: _____ cm |  |
| <b>4. SKIN/VEL</b><br>Are there any signs or evidence of a disease?<br>Is daar enige tekens of getuienis van 'n siektetoestand?   |   | <b>YES/JA</b>                                     | <b>NO/NEE</b>                          |
| <b>5. SKELETON AND JOINTS/BEENSTELSEL EN GEWRIGTE</b><br>Are there any signs or evidence of a disease or abnormality?<br>Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| <b>6. (a) HAS THE APPLICANT ANY DEFECT OF HET DIE AANSOEKER ENIGE GEBREK AAN</b>  |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (i) Hearing/Gehoor?   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (ii) Speech/Spraak?   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (iii) Teeth/Tande?  |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (iv) Sight/Gesig?   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| <b>(b) VISUAL ACUITY ACCORDING TO SNELLEN'S OPTOTYPES/ GESIGSKERPTE VOLGENS SNELEN SE PROEFLETTERS</b>  |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| Left eye/Linkeroog<br>Right eye/Regteroog   |   | <b>Without glasses</b><br><b>Sonder bril</b>      | <b>With glasses</b><br><b>Met bril</b> |
| <b>7. CIRCULATORY SYSTEM/BLOEDSOMLOOPSTELSEL</b>  |   | <b>YES/JA</b>                                     | <b>NO/NEE</b>                          |
| (a) Are there any signs or evidence of disease or abnormality?<br>Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (b) Blood pressure/Bloeddruk  |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| Systolic/Sistolies:   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| Diastolic/Diastolies:   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| <b>8. RESPIRATORY SYSTEM/ASEMHALINGSTELSEL</b>  |   | <b>YES/JA</b>                                     | <b>NO/NEE</b>                          |
| (a) Is chest well developed?<br>Is borskas goed ontwikkel?  |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (b) Are there any signs or evidence of disease or abnormality<br>Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (c) *Chest size - Nipple line/Borsmaat - Tepelhoogte:   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (i) On full inspiration/By volle inaseming  |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| (ii) On full expiration/By volle uitaseming   |   | <input type="checkbox"/>                          | <input type="checkbox"/>               |
| <b>*Omit in the case of female patients/Laat weg in die geval van vroulike pasiënte</b>   |   |   |  |

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

## C

|   |        |        |
|---|--------|--------|
| 1. Do you consider that the patient is in <b>GOOD HEALTH</b> 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.<br>Is u van mening dat die pasiënt in <b>GOEIE GESONDHEID</b> 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 |
|---|--------|--------|

|   |   |  |
|---|---|--|
| _____<br><b>Signature/Handtekening (Dr)</b> | _____<br><b>Name of Dr/Naam van Dr</b><br>_____<br><b>Professional qualifications/ Professionele kwalifikasie</b> | <b>Date/Datum:</b> _____<br><b>Place/Plek:</b> _____ |
|---|---|--|



agriculture

Department:  
Agriculture  
REPUBLIC OF SOUTH AFRICA

## CHECK LIST

### RENEWAL OF REGISTRATION 2025/2028 cycle

Name: \_\_\_\_\_ P-no: \_\_\_\_\_

|    | TAKE NOTE THAT THIS APPLICATION WILL NOT BE PROCESSED IMMEDIATELY IF ANY INFORMATION IS OMITTED / OR NOT DULY COMPLETED         | TICK HERE<br>PCO/DALRRD |  |
|----|---|-------------------------|--|
| 1. | Applicable application fee paid. (R1659.00)   |                         |  |
| 2. | Proof of payment attached if paid electronically.   |                         |  |
| 3. | Duly completed application form.  |                         |  |
| 4. | Application form signed by applicant, dated and attested to by a commissioner of oaths.   |                         |  |
| 5. | Medical form attached and signed by PCO. You may use an occupational health practitioner. Indicate practice number.             |                         |  |
| 6. | Original PCO certificate attached or affidavit submitted confirming that old registration certificate is lost or stolen.        |                         |  |
| 7. | Change of address notified if any as well as present e-mail.  |                         |  |
| 8. | <b>List of names which corresponds with payment is submitted on each application if more than one application is submitted.</b> |                         |  |
| 9. | <b>This office will not accept Walk-Ins on Mondays and Fridays</b>  |                         |  |