



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. Tshwane, Tel.: (012) 319-6970, RobertTadarrd.gov.za
Visit our website at www.dalrrd.gov.za/act36/main.htm

Dear Sir/Madam

1 April 2025

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 rewards 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 3141 .00** to this office: Please note: Cheques/ Postal orders must please be made to the **Department of 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 PC1-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 (+ 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.

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 Control Industries Training Academy (PCITA)

Contact person: Lynette Cockayne

Address: Unit 19, Level 1, Cambridge Office Park, 5 Bauhinia Street, Highveld Techno Park, Centurion, 0169.

Tel. no.: (012) 654-7708

Course Co-ordinator: Ms Lynette Cockayne

Tel. no.: (012) 654-7708 E-mail: lynette@pcita.org.za

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 Registrar considers registration for students who are busy with the National Certificate in Pest Control. As soon as the student has successfully completed one of the main subjects (e.g. environmental Pest Control) this student may obtain registration in that field of registration. Note that Pest Biology, Principles of Pest Control and Pesticides Marketing are not main subjects.

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.

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 and fax numbers, 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

Yours sincerely



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



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 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 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: _____

- [illegible]

EDUCATIONAL QUALIFICATIONS OBTAINED (PLEASE ATTACHED A CERTIFIED COPY)

| Qualifications | Subjects obtained | Training Centre | Date Obtained |
|----------------|-------------------|-----------------|---------------|
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PROOF OF PRACTICAL EXPRIENCE OBTAINED (PLEASE ATTACHED AFFIDAVIT FROM THE APPLICANT AND CONFIRMATION DOCUMENT FROM THE SUPERVISOR/EMPLOYER).

[illegible]

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
vertroud 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
