



agriculture

Department:  
Agriculture  
REPUBLIC OF SOUTH AFRICA

**REGISTRAR ACT No. 36 of 1947**

Agriculture Place, 20 Steve Biko/Beatrix Street, Arcadia, Pretoria  
Private Bag x343, Pretoria, 0001, SA

Enquiries: Robert Tshwane email: [RobertT@nda.gov.za](mailto:RobertT@nda.gov.za); Tel: (012) 319-6970

David Motloi email: [DavidM@nda.gov.za](mailto:DavidM@nda.gov.za);

Visit our website at <https://www.nda.gov.za/>

Dear Sir / Madam

1 April 2026

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

1. Your enquiry regarding the registration of a Pest Control Operator refers to;
2. Any person who for reward OR in the case 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 regulation relating thereto as published in Government Notice No. R98 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 **R3 229.00** to this office:  
**Payment must be made to: Department of Agriculture:**  
**Bank Name: Standard Bank, Branch name: Tshwane Mid City,**  
**Branch code: Electronic payments: 051001**  
**Account name: DOA: 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 (pro-forma) 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.
  - Syllabus (statement of results)
  - AVCASA/CropLife (**obtained from 28 March 2018 – onward will be accepted by the Dept of Agriculture**)
  - Copy of the supervisor (registered pest control operator) registration certificate.
  - Certified copy of identity document.
  - Include Check List duly completed with application.
  - All application documentation can either be submitted by hand or couriered.

**Note:** Fees are subject to change as require by the Legislation.

- (b) Recognize 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:**

- No emailed applications will be accepted.
- 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) And 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 pilot's 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

011 453 0075

Email: [ipmc@vodamail.co.za](mailto: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:

\*

**Agri Skills Transfer (Pty) Ltd**

Contact: Laurika Du Bois, Shaun Welmans, 7 Van Wouw Street, Groenkloof, Pretoria

Tel no: 012 460 9585 / 012 002 3723

Email: [laurika@agriskills.net;shaun@agriskills.net](mailto:laurika@agriskills.net;shaun@agriskills.net)

**Course co-ordinator:** Shaun

\*

**Pest Management Academy (PMA)**

Contact person: Mr H Pottas, No 83 Linksfield Road, Dowerglen, Edenvale, Johannesburg.

Tel no: 0861 99 99 00

011 453 0075

Email: [ipmc@vodamail.co.za](mailto:ipmc@vodamail.co.za)

**Course co-ordinator:** Mr Henk Pottas

Tel no: 083 294 8022 / 0861 99 99 00 / 011 453 0075

Email: [ipmc@vodamail.co.za](mailto:ipmc@vodamail.co.za)

- \* **Pest Control Industries Training Academy (PCITA)**  
Contact person: Administrator: Lynette Cokayne, Unit 19, Cambridge Office Park,  
5 Bauhinia St, Highveld Techno Park, Centurion, 0169  
Tel no: 012 654 7708  
  
**Course co-ordinator:** Ms Lynette Cokayne  
Tel no: 012 654 7708  
Email: [training@pcita.org.za](mailto:training@pcita.org.za)
  
- \* **Grain Training Institute (GTI)**  
Contact person: Ms Doreen Venter. P.O Box 18681, Pretoria North, 0118  
Tel no: 071 312 7413  
Email: [info@gtinstitute.co.za](mailto:info@gtinstitute.co.za)  
  
**Course co-ordinator:** Mr Hendrik van Aswegen  
Tel no: 083 227 8161  
Email: [info@gtinstitute.co.za](mailto:info@gtinstitute.co.za)
  
- \* **Invader Plant Specialists**  
Contact person: Dr Graham Harding, P.O Box 3879, Durbanville, 7551  
Tel no: 021 976 5127  
Cell no: 083 413 7411  
Email: [harding@pixie.co.za](mailto:harding@pixie.co.za)  
  
**Course co-ordinator:** Dr Graham Harding  
Cell no: 083 413 7411  
Email: [harding@pixie.co.za](mailto:harding@pixie.co.za)
  
- \* **New Africa Skills Development**  
Contact person: Ms Serene Juganath, P.O Box 278, Pretoria North, 0118  
Tel no: 033 330 7002  
Email: [admin@nasd.co.za](mailto:admin@nasd.co.za)  
  
**Course co-ordinator:** Ms Serene Juganath  
Tel no: 083 677 0710  
Email: [admin@nasd.co.za](mailto:admin@nasd.co.za)
  
- \* **National Universities of SA**

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

Recognize 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 a registered Pest Control Operator's Supervision.
- 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 email 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 R98 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, or email [RobertT@nda.gov.za](mailto:RobertT@nda.gov.za);  
Mr David Motloi at (012) 319-6970, or email [DavidM@nda.gov.za](mailto:DavidM@nda.gov.za);

Yours sincerely,



agriculture

Department:  
Agriculture  
REPUBLIC OF SOUTH AFRICA

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ANNEXURE A: APPLICATION FORM

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 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 X343, Pretoria, 0001. Address: 20 Steve Biko/Beatrix Street, Arcadia, Pretoria
6. Dept of Agriculture does not accept applications via email.
7. For further information visit our website at [www.nda.gov.za](http://www.nda.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 <input type="checkbox"/> No <input type="checkbox"/> P-Number <input type="text"/>
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: _____	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 Pest Control	---	
(vi)	Fumigation	---	
(vii)	Supplemental and/or remedial wood treatment		
(viii)	Any other relevant specialization	---	

**EDUCATION QUALIFICATION OBTAINED (PLEASE ATTACHED A CERTIFIED COPY)**

Qualifications	Subjects obtained	Training Centre	Date obtained

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

Name of business/Supervisor	Field of pest control	Period of training (Day / Month / Year)

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>..... Title</p>	<p>..... Name in Full (printed)</p>
<p>..... Signature</p>	<p>..... 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>..... <b>JUSTICE OF THE PEACE/ COMMISSIONER OF OATHS</b></p>	

**OFFICIAL STAMP**

## SWORN AFFIDAVIT/BEËDIGDE VERKLARING (Pro-forma)

**I the undersigned / Ek die ondergetekende**

Surname/Van: .....	Address/Adres: .....
Full names/Volle name: .....	.....
.....	.....
Identity no./Identiteits no.: .....	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)		
(ii) Agriculture and Forestry		
(iii) Industrial Vegetation and Noxious Weeds		
(iv) Landscape		
(v) Structural Pest Control		
(vi) Fumigation		
(vii) Supplemental and/or remedial wood treatment		
(viii) Any other relevant specialization		

<b>THE REGISTERED PEST CONTROL OPERATOR UNDER WHOSE SUPERVISION OR COMPANY WORKED FOR/ DIE GEREGISTREERDE PLAAGBEHEEROPERATEUR ONDER WIE SE TOESIG OF FIRMA WAAR GEWERK</b>	
1. Name/Name: _____ Identity number/ Identiteits nommer: _____ Full Period worked under supervision/ Volle Tydperk onder toesig gewerk _____	Registration number Registrasie nommer: P _____
2. Name/Name: _____ Identity number/ Identiteits nommer: _____ Full Period worked under supervision/ Volle Tydperk onder toesig gewerk _____	Registration number Registrasie nommer P _____
3. Name/Name: _____ Identity number/ Identiteits nommer: _____ Full Period worked under supervision/ Volle Tydperk onder toesig gewerk _____	Registration number Registrasie nommer P _____

**TO BE COMPLETED BY APPLICANT**



**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 vertrou 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.

\_\_\_\_\_  
**SIGNATURE OF 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)  
Besigheids adres (straat adres) \_\_\_\_\_

Date/Datum \_\_\_\_\_

Place/Plek \_\_\_\_\_

Official Stamp



## CHECK LIST

### APPLICATION FOR THE REGISTRATION AS A NEW PEST CONTROL OPERATOR FROM 1 APRIL 2026

	TAKE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING INFORMATION IS OMITTED/OR NOT DULY COMPLETED	TICK HERE PCO/DALRRD	
1.	Applicable application fee paid. (R3 229.00)		
2.	Proof of payment attached if paid electronically.		
3.	Duly completed application form. Submit original documents		
4.	Application form signed, dated, and attested to by a Commissioner of Oaths. Original		
5.	Medical certificate from occupational or medical practitioner. Original medical report. Indicate Practise number on medical certificate		
6.	Pro-forma Sworn affidavit attached. Complete in detail. Original		
7.	Detailed <u>affidavit</u> in your own words. ± 2 pages regarding experience. This document <u>must</u> be attested to by a Commissioner of Oaths. Original		
8.	Detailed confirmation (affidavit) from supervisor (registered pest control operator) confirming the above, in respect of experience Original.		
9.	Service reports / Job cards indication training under supervision.		
10.	Also attach a copy of the registration certificate of the supervisor (registered pest control operator).		
11.	Certified copies of all relevant qualification certificates (e.g. PMA or PCITA certificate). No copies of copies please.		
12.	Original certified copy of Identity document.		
13.	<b>This office will not accept any WALK-INS on Mondays and Fridays</b>		

Name: \_\_\_\_\_

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

**A**

SURNAME/VAN _____	IDENTITY NO. IDENTITEITSNO _____
FIRST NAMES/VOORNAME: _____	
REGISTRATION NO/REGISTRASIE NO: <b>P.</b> _____	SIGNATURE OF APPLICANT: HANDTEKENING VAN AANSOEKER: _____

**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
<b>4. SKIN/VEL</b> Are there any signs or evidence of a disease? 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> Are there any signs or evidence of a disease or abnormality? Is daar enige teken of getuienis van 'n siektetoestand of abnormaliteit?		
<b>6. (a) HAS THE APPLICANT ANY DEFECT OF HET DIE AANSOEKER ENIGE GEBREK AAN</b>		
(i) Hearing/Gehoor?		
(ii) Speech/Spraak?		
(iii) Teeth/Tande?		
(iv) Sight/Gesig?		
<b>(b) VISUAL ACUITY ACCORDING TO SNELLEN'S OPTOTYPES/ GESIGSKERPTE VOLGENS SNELLEN SE PROEFLETTERS</b>		
Left eye/Linkeroog Right eye/Regterooog	<b>Without glasses Sonder bril</b>	<b>With glasses 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? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
(b) Blood pressure/Bloeddruk		
Systolic/Sistolies:		
Diastolic/Diastolies:		
<b>8. RESPIRATORY SYSTEM/ASEMHALINGSTELSEL</b>	<b>YES/JA</b>	<b>NO/NEE</b>
(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
<b>9. DIGESTIVE SYSTEM/SPYSVERTERINGSTELSEL</b> Are there any signs or evidence of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
<b>10. GENITO URINARY SYSTEM/GESLAGS URINêRE ORGANE</b> (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?		
<b>11. NERVOUS SYSTEM/SENUSTELSEL</b> Are there any signs of a disease or abnormality? Is daar enige tekens of getuienis van 'n siektetoestand of abnormaliteit?		
<b>12. ANY OTHER ILLNESS/ENIGE ANDER SIEKTE</b> 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?		
<b>13.</b> 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)?		
<b>14. <i>If a cross appears in any YES square, except 8, FULL DETAILS thereof should be furnished here.</i></b> <b><i>Indien 'n kruis in enige JA blokkie, behalwe 8, verskyn moet VOLLEDIGE BESONDERHEDE daaromtrent hier verstrek word.</i></b>		

## C

		YES/JA	NO/NEE
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. 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.		

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

STAMP