

AKTA RACUN MAKHLUK PEROSAK 1974
(PESTICIDES ACT 1974)

KAEDAH-KAEDAH RACUN MAKHLUK PEROSAK
(PENGENDALI KAWALAN MAKHLUK PEROSAK) 2004
PESTICIDES (PEST CONTROL OPERATOR) RULES 2004

Borang B
Form B

[Subkaedah 6(2), 10(1) dan 10(2)]
[Subrules 6(2), 10(1) and 10(2)]

**PERMOHONAN UNTUK *LESEN PENGENDALI KAWALAN MAKHLUK PEROSAK/
PEMBAHARUAN LESEN PENGENDALI KAWALAN MAKHLUK PEROSAK**
**(APPLICATION FOR *PEST CONTROL OPERATOR LICENCE/
RENEWAL OF PEST CONTROL OPERATOR LICENCE)**

(Lesen Pengendali Kawalan Makhluk Perosak adalah sah untuk satu premis sahaja)
(a Pest Control Operator Licence is valid for one premise only)

(Permohonan ini hendaklah diserahkan kepada Setiausaha, Lembaga Racun Makhluk Perosak)
(This application shall be submitted to the Secretary, Pesticides Board)

(Dua salinan perlu diisikan)
(Two copies to be completed)

Permohonan ini adalah untuk:
(Application for:)

(Sila [✓] sebagaimana yang sesuai)
(Please [✓] as appropriate)

- | | | | | | | |
|-----|-------------------------------------|---|----------------------|--|------------------------|----------------------|
| (a) | Lesen baru
(New licence) | : | <input type="text"/> | | (c) Pindaan
RM20.00 | <input type="text"/> |
| | | : | | | | |
| (b) | Membaharui lesen
(Renew licence) | : | <input type="text"/> | | | |
| | | : | | | | |

i) No. Lesen Semasa:
(Existing licence number:)

ii) Tempoh Sah Lesen: Dari hingga
(Validity period of licence: (From) (to))

1. Nama Pemohon:
(Name of applicant:)
2. Nama *syarikat/perniagaan:
(Name of *company/business:)
3. Alamat bagi *syarikat/perniagaan yang mana urusan perniagaan yang berhubung dengan kerja-kerja kawalan makhluk perosak akan dijalankan:
(Address of *company/business where business relating to pest control operations *is to be/is conducted:)
-
-
4. Poskod: 5. Negeri:
(Postcode:) (State:)
6. No.Tel.: 7. No.Faks:
(Tel. No.) (Fax. No.)

8. Pemakai Racun Makhluk Perosak berlesen yang bekerja di bawah *syarikat/ perniagaan
 (Gunakan kertas tambahan jika ruang yang disediakan tidak mencukupi)
 (Licensed pesticide applicators under the employment of the *company/business:)
 (Use additional sheet if space provided is insufficient)

Nama (Name)	No. Lesen Pemakai Racun Makhluk Perosak (Pesticide Applicator Licence No.)	Tempoh Sah Lesen (Validity Period of Licence)	Umur (Age)

9. Pembantu Pemakai Racun Makhluk Perosak berlesen yang bekerja di bawah
 *syarikat/perniagaan:
 (Gunakan kertas tambahan jika ruang yang disediakan tidak mencukupi)
 (Licensed assistant pesticide applicators under the employment of the *company/business:)
 (Use additional sheet if space provided is insufficient)

Nama (Name)	No. Lesen Pemakai Racun Makhluk Perosak (Pesticide Applicator Licence No.)	Tempoh Sah Lesen (Validity Period of Licence)	Umur (Age)

10. Alamat yang mana racun makhluk perosak disimpan:
 (Address where pesticide is stored:)

.....

- 11 No. pendaftaran *syarikat/perniagaan:
 (Registration number of *company/business:)

