SWORN AFFIDAVIT/BEëDIGDE VERKLARING

I the undersigned / Ek die ondergetekende

Surname/Van:	Address/Adres: .....
Full names/Volle name:	.....
.....	.....
Identity no./Identiteitsno.:	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) /Lugbespuiting (toediening of adviserend)	
(ii)	Plant Pests and Diseases / Plantplae en Siektes	
(iii)	Weed Control / Onkruidbeheer	
(iv)	Structural Pest Control / Plaagbeheer in Strukture	
(v)	Fumigation / Beroking	
(vi)	Wood Preservation / Houtverduursaming	

THE REGISTERED PEST CONTROL OPERATOR UNDER WHOSE SUPERVISION OR COMPANY WORKED FOR/
DIE GEREGISTREERDE PLAAGBEHEEROPERATEUR ONDER WIE SE TOESIG OF FIRMA WAAR GEWERK

1. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer: P_____
2. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer P_____
3. Name/Name: _____ Identity number/ Identiteitsnommer: _____ Period worked under supervision/ Tydperk onder toesig gewerk _____	Registration number Registrasienommer P_____

PLEASE TURN OVER/BLAAI OM ASB.

DETAILS CONCERNING EXPERIENCE/ REMEDIES USED TO CONTROL PESTS/ BESONDERHEDE TEN OPSIGTE VAN ONDERVINDING	PESTS CONTROLLED/ PLAE BESTRY	APPARATUS USED/ APPARAAT GEBRUIK

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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 vertroud 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.

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)
Besigheidsadres (straatadres) _____

Date/Datum _____ Place/Plek _____