Government of Newfoundland and Labrador
Department of Environment & Conservation

Vendor Annual Sales Report for Licence # _____

Pesticide Name	PCP Act Registration #	Size and type of unit (i.e. 100 ml, 25 g etc.)	Number of units sold

I hereby certify that the information provided in this summary is accurate, to the best of my knowledge.

Signature:_____ **Date:**_____

P.O. Box 8700, St. John's, NL, Canada A1B 4J6 Tel: 709-729-2556 Fax: 709-729-6969