



APPLICATION FOR REGISTERED CHEMICAL APPLICATOR STATUS

I/We (business name)
hereby apply to be granted **Registered Chemical Applicator** status.

Name of Person who Holds the Qualification (Use a separate application for each person)

Full Name:.....

Position in Company:.....

GrowSafe Registration Number.....

GrowSafe Registration Expiry Date.....

Certification

I being the owner/general manager of the contracting firm making this application, hereby certify that the information contained in this application is true and correct

Application

Signed by:.....Date:.....

Name.....Position.....

Post or Email Application To:

Post: Send to
Rural Contractors New Zealand
PO Box 32019
Maungaraki
LOWER HUTT 5050

Email: Roger@ruralcontractors.org.nz

Roger Parton
EXECUTIVE DIRECTOR

See also the Application Form for Qualified Contractor