

# ANNUAL REPORT- CLASS 9 PESTICIDE USE

## for the year 2013

Golf Course: \_\_\_\_\_ GC IPM #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel: \_\_\_\_\_

IPM Certified Agent(s): \_\_\_\_\_ IPM Agent(s) Certification number(s): \_\_\_\_\_

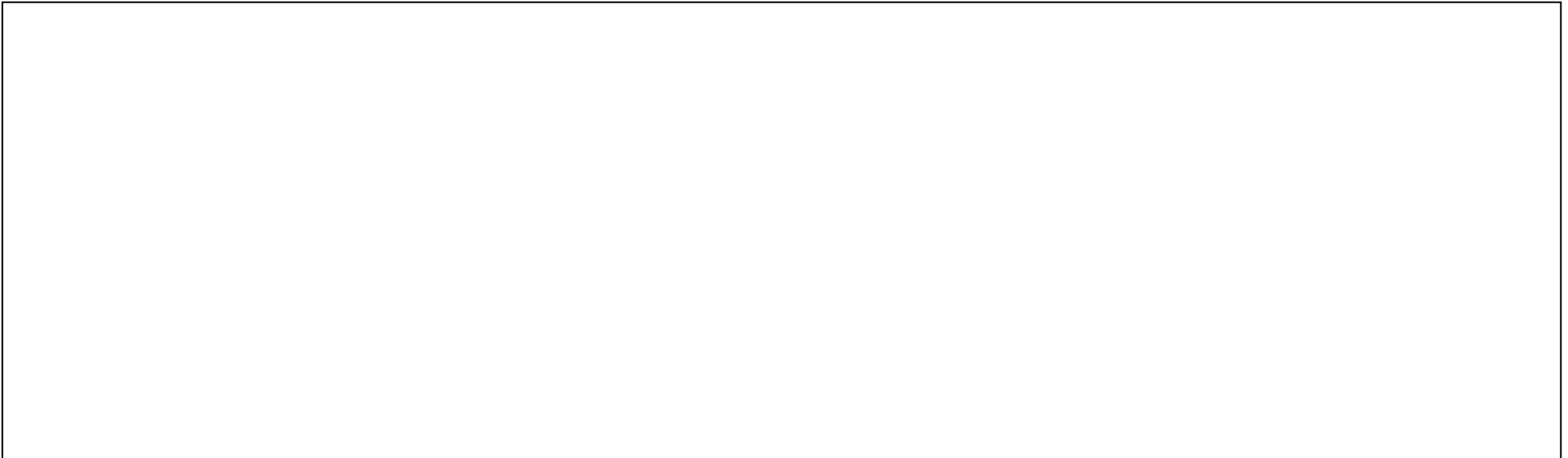
Class 9 Pesticide Ingredient	Reason for Use	Total Quantity Class 9 Pesticide Ingredient Used (kg)		Reason for Increase/Decrease from Previous Calendar Year
		2012	2013	

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Golf Course: \_\_\_\_\_

**Please upload map(s) of the golf course showing the locations where Class 9 pesticides were applied, and identify use by Class 9 pesticide ingredient or by product type (fungicide, insecticide, herbicide, growth regulator)**

Please explain how practicing integrated pest management (IPM) and maintaining IPM accreditation with the IPM Council of Canada minimized the use of pest control products on your golf course and how it will minimize use in this current calendar year.



*We, the undersigned, attest that the above information is accurate and inclusive of all pesticide products applied on our golf course for the entire year. We are aware that it is an offence under the Pesticides Act: 17(6) to include false or misleading information in any document or data required to be created, stored or submitted under the Act.*

Primary IPM Certified Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's representative name & position: \_\_\_\_\_ Signature: \_\_\_\_\_

Print hard copy for signatures. Signed Annual Reports must be scanned and uploaded in My IPM area of IPM Council of Canada website.

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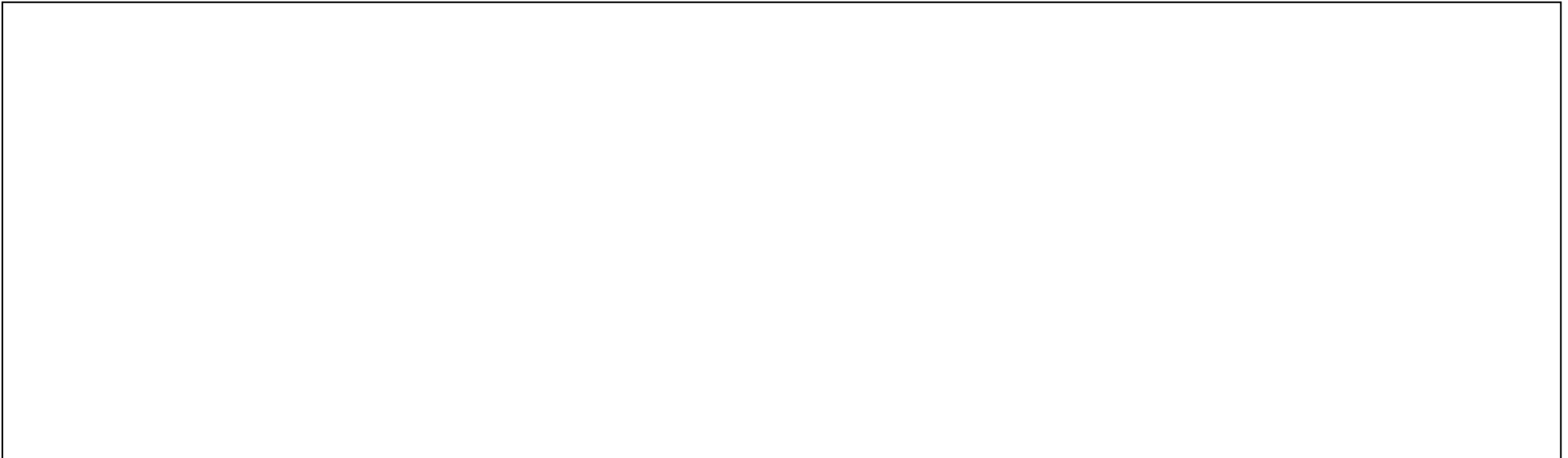
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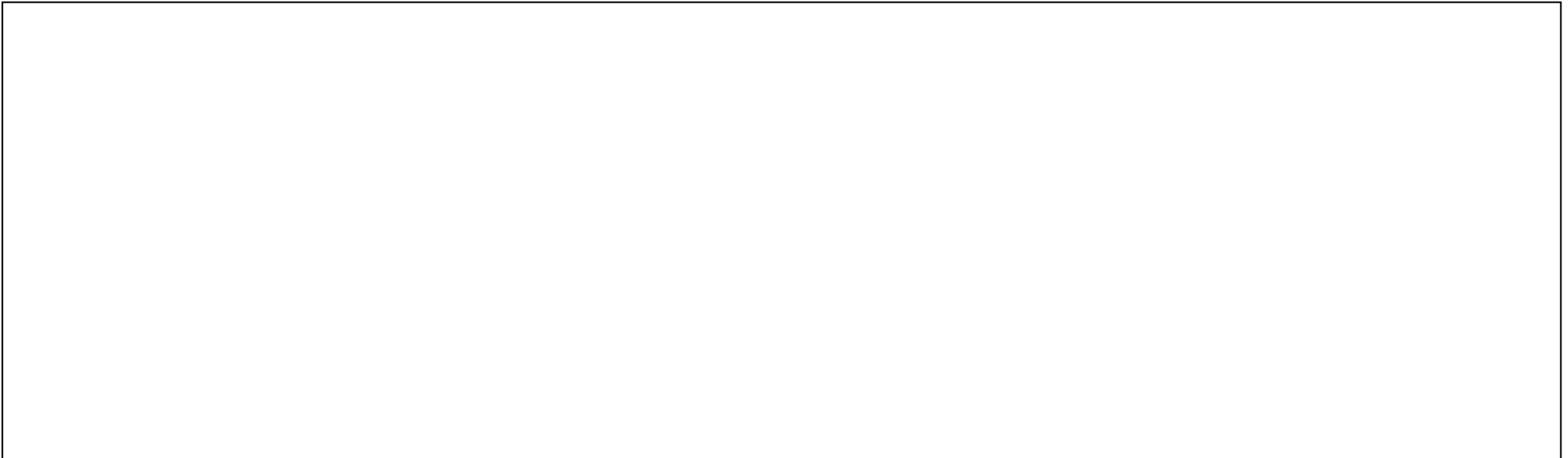
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