



Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Rat Control Program

Claim Form

Note: Before you enter information it is recommended this application be saved to your computer.

DEADLINE: December 31, 2023

Submit by the above deadline by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

PART 1 - APPLICANT INFORMATION

RM/First Nation: _____ No.: _____

PART 2 – PEST CONTROL OFFICER/APPLICATOR INFORMATION – LICENCES MUST BE VALID FOR PERIOD OF SERVICE IN 2023

RM or First Nation Appointed/Authorized Pest Control Officer: _____

Pesticide Applicator Name: _____ Licence A- _____

PART 3 – FIELD INSPECTIONS

Occupied Sites Inspected: _____

Vacant Sites Inspected: _____

Total Active Infestations: _____

Total Sites Inspected 2023: _____

Total of All Inspections 2023: _____

PART 4 – FINANCIAL VERIFICATION – ATTACH VALID INVOICES FOR AMOUNTS CLAIMED BELOW

Cost of Bait Free to Ratepayers in 2023 <i>Federal and provincial taxes & fees are not eligible.</i>		<input type="checkbox"/> Invoices Attached
PCO/Applicator Expenses <i>Federal and provincial taxes & fees are not eligible to claim.</i>		<input type="checkbox"/> Invoices Attached
Total		

PART 5 – CERTIFICATION

I/We certify, by signing this form, that the base level of service outlined in the RCP Program Guidelines and The Pest Control Act have been met for the 2023-2024 program year in the municipality indicated at the top of this form. I/We understand any personal information in this claim is collected under the authority of and is protected by and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the Federal Privacy Act. The ministry may share this information with Agriculture and Agri-Food Canada and other third parties for the administration of the Sustainable CAP programming, for policy and program development and evaluation and for research and statistical purposes.

Signed this _____ day of _____, 20____, by _____
(Administrator or Land Manager Name)

FOR SARM USE ONLY

REBATE PAID _____

DATE: _____

(Administrator or Land Manager Signature)

AUTHORIZED BY SARM:

