



Application for purchasing of Methyl bromide

PLEASE NOTE: Completed application form to be accompanied by valid copy of Methyl bromide declaration form, completed Methyl bromide usage report of the empty cylinder. Please allow DALRRD 72 hours to process your application.

I _____ (Full name and Surname) of

_____ (Company / PCO name)

_____ (Physical Address)

here-by apply for approval to purchase Methyl bromide for the following purpose(s);

Mills

Structure

ISPM15

QPS

Number of cylinders _____ Total Weight (kg) _____

(If your purchase exceeds the allowable limit of 2 cylinders per PCO/ Usage category, you need to complete "Special permission section" here under)

Cylinders currently in possession; _____ Mills _____ Structure _____ ISPM15 _____ QPS

Name & Address of Distributor/supplier buying from _____

Are you buying the cylinder in exchange of empty cylinder? Yes No

If No. provide reason(s) _____

If Yes, provide batch No. _____

If Yes, provide name of previous supplier _____

Did you attach usage records of empty cylinder? Yes No

If No. State reason(s) _____

Application for special permission for buying of bulk Methyl bromide *(This section should be completed by applicants who wish to buy MB cylinders beyond the maximum allowable limit of 2 cylinders per PCO / usage category)*

Number of cylinders to be purchased _____ Total weight (kg) _____

Period of use : _____ to _____ Total No. of days _____

State motivation for permission: _____



**agriculture, land reform
& rural development**

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

Form MB1

Directorate: Inspection Services

Office: 140 Hamilton Forums, Hamilton
Street, Room 3-9, Pretoria, 0001

Tel: (012) 309 8753 / (011) 971 5119

Email: PetuniaS@dalrrd.gov.za and LepontiM@dalrrd.gov.za

Application for purchasing of Methyl bromide

Signature of applicant _____ Date applying _____

Tel. _____ Cell. _____ Email _____

FOR OFFICIAL USE ONLY

Date of Approval/Disapproval: _____

Official Name: _____

Signature: _____

Approved DALRRD Approval No.: _____

Not Approved: Comment: _____

DALRRD Stamp