



BOOKING FORM FOR UNWANTED AND OBSOLETE PESTICIDES

Please read the **Guidance and Safety Notes** before completing this form.

Return the completed form to the nearest **District Agricultural Office (DAO)** or TAMA OFFICES or Tel: 01 776 344 or Fax the completed form to 01 774 544.

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|-------------------------|--|-----------------------|--|
| Name | | District | |
| Physical Address | | Cellphone | |
| | | E-mail Address | |

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|---|----------------|--------------|
| I agree to the use of this data for the purposes stated in the Guidance Notes. | Signed: | Date: |
|---|----------------|--------------|

| Product | | Packaging (Container) | | | Total | | |
|--------------------------|---------------------|---|-------------------------------|---|--|------------------------------------|---------------|
| Full Product Name | Manufacturer | Type (Steel, Plastic, Glass, Bag or Other) | Size (kg / litres) | Condition (Sound or Leaking) | Number of full / part filled containers | Estimate total quantity | |
| | | | | | | kg | litres |
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|-------------------|--------------|--|-----------------------|---------------------------------------|--|----------------------------|--------|
| Full Product Name | Manufacturer | Type (Steel,Plastic, Glass, Bag or Other) | Size (kg / litres) | Condition (Sound or Leaking) | Number of full / part filled containers | Estimate total quantity | |
| | | | | | | kg | litres |
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Register of Empty Pesticide Containers

| Container type (Steel, Plastic, Glass, Bag or Other) | Container size (kg/litres) | Number of containers (count or estimate) | Triple Rinsed (Yes or No) |
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