



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, 2024

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 2024

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 2024: _____

Total of All Inspections 2024: _____

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

Cost of Bait Free to Ratepayers in 2024 <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 Plant Health Act have been met for the 2024-2025 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)

(Administrator or Land Manager Signature)

FOR SARM USE ONLY

REBATE PAID _____

DATE: _____

AUTHORIZED BY SARM:

