**Fill in this form if you want our agreement to use herbicides:**

**- in a designated site (SSSI, SAC, SPA, Rasmar etc.), or**

**- in or on water**.

If you do not want to use herbicides *in* a designated site or *on/in* water, but do want to use them within 250 meters of water or 1,500 meters of a designated site, you may be able to use our ‘Simple herbicide agreement’ process. See our website for more information on this.

Please check that this is the latest version of the form

available from our website.

Please read through this form and the guidance notes that came with it. All relevant guidance documents can be

found on our website.

Contents

Part A - About the permit

Part B - About the site

Part C - Herbicide application details

Part D - Conservation area details

Part E - Water body details

Part F - Any other information

Part G - Data Protection Act

Part H - Declaration and signature

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| Part A - About you | | | | | | | | | | | | | | | | | | | | | | |
| This is where you tell us about who wants to carry out the activity. | | | | | | | | | | | | | | | | | | | | | | |
| A1 Who is applying? | | | | | | | | | | | | | | | | | | | | | | |
| A registered company or other corporate body | | | | | | | | | | | | | | | | |  | | *Go to Part A2a* | | | |
| An individual | | | | | | | | | | | | | | | | |  | | *Go to Part A2b* | | | |
| A public body (such as a local council) | | | | | | | | | | | | | | | | |  | | *Go to Part A2c* | | | |
| An organisation of individuals (for example, a partnership) | | | | | | | | | | | | | | | | |  | | *Go to Part A2d* | | | |
| A2a If you are a company or other corporate body | | | | | | | | | | | | | | | | | | | | | | |
| Company name | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | |
| Company registration number | | | | | | | |  | | | | | | | | | | |  | | | |
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| Date of registration | | | | | | | |  | | | | | | | | | | |  | | | |
| If you are applying as a corporate organisation that is now a limited company, please provide evidence of your status and tell us the reference number you have given this document with this evidence. | | | | | | | | | | | | | | | | | | | | | | |
| Document reference | | | | | | | |  | | | | | | | | | | | *Go to Part A3* | | | |
| A2b If you are an individual | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | | |  | | | |
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| First name | | | | | | | |  | | | | | | | | | | |  | | | |
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| Last name | | | | | | | |  | | | | | | | | | | | *Go to Part A3* | | | |
| A2c If you are a public body | | | | | | | | | | | | | | | | | | | | | | |
| Public body details | | | | | | | | | | | | | | | | | | | | | | |
| Public body name | | | | | | | |  | | | | | | | | | | |  | | | |
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| Type of public body | | | | | | | |  | | | | | | | | | | |  | | | |
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| If ‘Other’, please specify | | | | | | | |  | | | | | | | | | | |  | | | |
| Executive officer’s details | | | | | | | | | | | | | | | | | | | | | | |
| The executive is an officer of the public body authorised to sign on your behalf. | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | | |  | | | |
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| First name | | | | | | | |  | | | | | | | | | | |  | | | |
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| Last name | | | | | | | |  | | | | | | | | | | |  | | | |
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| Position | | | | | | | |  | | | | | | | | | | | *Go to Part A3* | | | |
| A2d Applications from organisations of individuals | | | | | | | | | | | | | | | | | | | | | | |
| 3a Organisation details | | | | | | | | | | | | | | | | | | | | | | |
| Organisation name | | | | | | | |  | | | | | | | | | | |  | | | |
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| Type of organisation | | | | | | | |  | | | | | | | | | | |  | | | |
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| If ‘Other’, please specify | | | | | | | |  | | | | | | | | | | |  | | | |
| 3b Main representative’s details | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | | |  | | | |
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| First name | | | | | | | |  | | | | | | | | | | |  | | | |
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| Last name | | | | | | | |  | | | | | | | | | |  | | | | |
| 3c Second representative’s details: | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | |  | | | | |
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| First name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Last name | | | | | | | |  | | | | | | | | | |  | | | | |
| 3d Other representative’s details | | | | | | | | | | | | | | | | | | | | | | |
| If relevant, please provide details of all other representatives on a separate sheet and tick here to show that you have done so. | | | | | | | | | | | | | | | |  | | *Go to Part A3* | | | | |
| A3 Your main (registered office) address | | | | | | | | | | | | | | | | | | | | | | |
| Enter your address below. For companies this *must* be the address on record at Companies House. | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | |  | | | | | | | | | |  | | | | |
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| Postcode | | | | | | | |  | | | | | | | | | |  | | | | |
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| Telephone - mobile | | | | | | | |  | | | | | | | | | |  | | | | |
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| Telephone - office | | | | | | | |  | | | | | | | | | |  | | | | |
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| Email address | | | | | | | |  | | | | | | | | | |  | | | | |
| If you are applying as an organisation of individuals, every partner needs to give us their details, including their title. If necessary, continue on a separate sheet and tell us the reference you have given the sheet. | | | | | | | | | | | | | | | | | | | | | | |
| Document reference | | | | | | | |  | | | | | | | | | |  | | | | |
| A4 Contact details - who can we talk to about your application? | | | | | | | | | | | | | | | | | | | | | | |
| You must provide a contact name for the application. This can be someone acting as a consultant or ‘agent’ for you. As we will send all correspondence to the contact, please provide all details below. | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | |  | | | | |
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| First name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Last name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Postcode | | | | | | | |  | | | | | | | | | |  | | | | |
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| Telephone - mobile | | | | | | | |  | | | | | | | | | |  | | | | |
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| Telephone - office | | | | | | | |  | | | | | | | | | |  | | | | |
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| Email address | | | | | | | |  | | | | | | | | | |  | | | | |
| Part B – About the site | | | | | | | | | | | | | | | | | | | | | | |
| B1 What is the site name, address, postcode and national grid reference? | | | | | | | | | | | | | | | | | | | | | | |
| Site name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Address | | | | | | | |  | | | | | | | | | |  | | | | |
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| Postcode | | | | | | | |  | | | | | | | | | |  | | | | |
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| National grid reference for the site (12 digit) | | | | | | | |  | | | | | | | | | |  | | | | |
| B2 Site plan | | | | | | | | | | | | | | | | | | | | | | |
| Please include a site plan that shows the site to be sprayed and its surrounding area with your application. An example site plan can be found in the guidance notes. | | | | | | | | | | | | | | | | | | | | | | |
| Tick the box to confirm you have included a site plan with the application. | | | | | | | | | | | | | | | | |  | | | | | |
| B3 Are you the owner of the site? | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  | | *Go to Part B5* | | | | | | | | | | | | | | | | | | |
| No | |  | | Provide the site owners details in Part B4, below. | | | | | | | | | | | | | | | | | | |
| B4 Site owners details | | | | | | | | | | | | | | | | | | | | | | |
| Company name (if relevant) | | | | | | | |  | | | | | | | | | |  | | | | |
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| Company registration number (if relevant) | | | | | | | |  | | | | | | | | | |  | | | | |
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| Title | | | | | | | |  | | | | | | | | | |  | | | | |
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| First name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Last name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Address | | | | | | | |  | | | | | | | | | |  | | | | |
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| Telephone - mobile | | | | | | | |  | | | | | | | | | |  | | | | |
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| Telephone - office | | | | | | | |  | | | | | | | | | |  | | | | |
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| Email address | | | | | | | |  | | | | | | | | | |  | | | | |
| Part C Herbicide application details | | | | | | | | | | | | | | | | | | | | | | |
| C1 Proposed application dates | | | | | | | | | | | | | | | | | | | | | | |
| Start date | | |  | | | | | | |  | End date | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| C2 Please select where you plan to use the herbicide | | | | | | | | | | | | | | | | | | | | | | |
| On the banks of a watercourse or waterbody | | | | | | | | | | | | | | | | |  | | | | | |
| Next to a watercourse or waterbody | | | | | | | | | | | | | | | | |  | | | | | |
| In a watercourse or waterbody | | | | | | | | | | | | | | | | |  | | | | | |
| C3 Individual undertaking the application | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | |  | | | | |
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| First name | | | | | | | |  | | | | | | | | | |  | | | | |
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| Last name | | | | | | | |  | | | | | | | | | |  | | | | |
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| NPTC Certificate Number | | | | | | | |  | | | | | | | | | |  | | | | |
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| NPTC Certificate Category | | | | | | | |  | | | | | | | | | |  | | | | |
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| C4 Previous applications  Have you ever had permission to use herbicide on this site before? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | *Go to Part C5* | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please provide the information requested, below. | | | | | | | | | | | | | | | | | | |
| Date of previous permission | | | | | |  | | | | | | | | | |  |
|  | | | | | |  | | | | | | | | | |  |
| Reference number of previous permission | | | | | |  | | | | | | | | | |  |
| C5 Why do you think the weeds need to be controlled | | | | | | | | | | | | | | | | | | | | | | |
| For angling | | | | | | | | | | | | | | | | |  | | | | | |
| For leisure purposes | | | | | | | | | | | | | | | | |  | | | | | |
| For flood defence | | | | | | | | | | | | | | | | |  | | | | | |
| To control non-native species such as Japanese knotweed, giant hogweed and rhododendron | | | | | | | | | | | | | | | | |  | | | | | |
| Other (see below) | | | | | | | | | | | | | | | | |  | | | | | |
| If ‘Other’, please provide further details | | | | | | | | |  | | | | | | | | |  | | | | |
| C6 Can you identify the species of weed you plan to control? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | If you do not know the species please send us a sample of the weeds. Please read the guidance notes about sending samples. | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please complete the table below. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| **Where the weed is** | | | | | | | **Percentage of area it covers** | | | | | | **Species** | | | | | | | | | |
| Bankside | | | | | | |  | | | | | |  | | | | | | | | | |
| At the water’s edge (Marginal) | | | | | | |  | | | | | |  | | | | | | | | | |
| Partly underwater (Emergent) | | | | | | |  | | | | | |  | | | | | | | | | |
| Under water (Submerged) | | | | | | |  | | | | | |  | | | | | | | | | |
| Floating | | | | | | |  | | | | | |  | | | | | | | | | |
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| C7 Have you considered other ways to control the weeds? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | Please expand on your answer in the box, below. Use a separate sheet if you need to and tell us the reference in the box. | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please expand on your answer in the box, below. Use a separate sheet if you need to and tell us the reference in the box. | | | | | | | | | | | | | | | | | | |
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| C8 The product label information on the herbicide you want to use | | | | | | | | | | | | | | | | | | | | | | |
| Name on the product label | | | | | | | |  | | | | | | | | | |  | | | | |
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| MAPP Reference | | | | | | | |  | | | | | | | | | |  | | | | |
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| Active ingredient shown on the product label | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Amount of product in Litres or kilograms | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Dilution rate (if appropriate) | | | | | | | |  | | | | | | | | | |  | | | | |
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| Amount of active ingredient | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Adjuvant (for example, Topfilm, which is approved for use in or near water) | | | | | | | |  | | | | | | | | | |  | | | | |
| C9 How will you apply the herbicide? | | | | | | | | | | | | | | | | | | | | | | |
| Tell us, in the box below, how you will (intend to) apply the herbicide. Use a separate sheet if you need to and tell us the reference in the box. | | | | | | | | | | | | | | | | | | | | | | |
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| Part D Conservation area details | | | | | | | | | | | | | | | | | | | | | | |
| D1 Is the site a conservation area? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | *Go to Part E.* | | | | | | | | | | | | | | | | | | |
| Yes | |  | | You must answer the rest of the questions in Part D. | | | | | | | | | | | | | | | | | | |
| D2 Applicable conservation Areas - tick each that applies | | | | | | | | | | | | | | | | | | | | | | |
| RAMSAR | | | | | | | | | | | | | | |  | | | | | | | |
| SAC (Special Area of Conservation) | | | | | | | | | | | | | | |  | | | | | | | |
| SPA (Special Protection Area) | | | | | | | | | | | | | | |  | | | | | | | |
| SSSI (Site of Special Scientific Interest) | | | | | | | | | | | | | | |  | | | | | | | |
| D3 If you have selected ‘SSSI’, does the use of herbicide form part of an agreed SSSI management agreement? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | *Go to Part D4.* | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please give further details in the box, below. Use a separate sheet if you need to and tell us the reference in the box. | | | | | | | | | | | | | | | | | | |
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| D4 Does the conservation area span the Wales/England border? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | |  | | | | | | | | | | | | | | | | | | |
| Yes | |  | | You must provide evidence of agreement from Natural England with your application. Tell us the reference you’ve given this document. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Document reference | | |  | | | | | | | | |  | | | | |
| Part E Water body details | | | | | | | | | | | | | | | | | | | | | | |
| E1 Are you proposing to use herbicide in a watercourse or waterbody? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | *Go to Part F.* | | | | | | | | | | | | | | | | | | |
| Yes | |  | | You must answer the rest of the questions in Part E. | | | | | | | | | | | | | | | | | | |
| E2 Are there fish present in the water? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | |  | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please give details of the fish species, below. Use a separate sheet if you need to and tell us the reference in the box. | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| E3 Applicable watercourse or waterbody - select all that apply | | | | | | | | | | | | | | | | | | | | | | |
| Canal | | | | | | | | |  | | | | | | | | | | | | | |
| Lake | | | | | | | | |  | | | | | | | | | | | | | |
| Reservoir | | | | | | | | |  | | | | | | | | | | | | | |
| Ditch | | | | | | | | |  | | | | | | | | | | | | | |
| Stream | | | | | | | | |  | | | | | | | | | | | | | |
| Pond | | | | | | | | |  | | | | | | | | | | | | | |
| Estuary | | | | | | | | |  | | | | | | | | | | | | | |
| River | | | | | | | | |  | | | | | | | | | | | | | |
| E4 If it is a water body | | | | | | | | | | | | | | | | | | | | | | |
| **E4a** What is the total area in hectares? | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| **E4b** Is it connected to a watercourse? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | |  | | | | | | | | | | | | | | | | | | |
| Yes | |  | |  | | | | | | | | | | | | | | | | | | |
| E5 If it is watercourse - Please provide the details below in metres | | | | | | | | | | | | | | | | | | | | | | |
| Length | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Width | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Average depth | | | | | | | |  | | | | | | | | | |  | | | | |
| E6 Do you plan to treat the entire area? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | | *Go to Part E7* | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please provide the details below in metres | | | | | | | | | | | | | | | | | | |
| Length | | |  | | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | | |  | | | | |
| Width | | |  | | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | | |  | | | | |
| Average depth | | |  | | | | | | | | | |  | | | | |
| E7 How fast does the water flow? | | | | | | | | | | | | | | | | | | | | | | |
| Standing | | | | | | | | |  | | | | | | | | | | | | | |
| Slow | | | | | | | | |  | | | | | | | | | | | | | |
| Fast | | | | | | | | |  | | | | | | | | | | | | | |
| Minimal | | | | | | | | |  | | | | | | | | | | | | | |
| Moderate | | | | | | | | |  | | | | | | | | | | | | | |
| E8 How many places does water flow in/out? | | | | | | | | | | | | | | | | | | | | | | |
| Number of inflows | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Number of outflows | | | | | | | |  | | | | | | | | | |  | | | | |
| E9 Can you control the outflows to prevent contamination downstream? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | |  | | | | | | | | | | | | | | | | | | |
| Yes | |  | |  | | | | | | | | | | | | | | | | | | |
| Please expand on your answer | | | | | |  | | | | | | | | | | | | | | | | |
| E10 Is the watercourse or waterbody used for any purpose? | | | | | | | | | | | | | | | | | | | | | | |
| No | |  | |  | | | | | | | | | | | | | | | | | | |
| Yes | |  | | Please give further details in the box, below. Use a separate sheet if you need to and tell us the reference in the box. | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
| Part F Any other information | | | | | | | | | | | | | | | | | | | | | | |
| Please use this Part to provide any further details you believe are relevant to your application.  For example, if this is activity part of a planned spray programme over a number of years or you need to expand on any other Parts of the form. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | |
| Part G The Data Protection Act 1998 | | | | | | | | | | | | | | | | | | | | | | |
| We, the Natural Resources Wales, will process the information you provide so that we can:   * Deal with your application; * Make sure you keep to the conditions of our agreement; and * Process renewals.   We may also process or release the information to:   * Offer you documents or services relating to environmental matters; * Consult the public, public organisations and other organisations (for example, the Health and Safety Executive, local authorities, the emergency services, the Department for Environment, Food and Rural Affairs) on environmental issues; * Carry out research and development work on environmental issues; * Prevent anyone from breaking environmental law, investigate cases where environmental law may have been broken, and take any action that is needed; * Assess whether customers are satisfied with our service, and to improve our service; and * Respond to requests for information under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 (if the Data Protection Act allows).   We may pass the information on to our agents or representatives to do these things for us. | | | | | | | | | | | | | | | | | | | | | | |
| Part H Declaration | | | | | | | | | | | | | | | | | | | | | | |
| Please Note: If you make a statement that you know or believe is false or misleading you may be committing an offence. | | | | | | | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | | | | | | |
| **I declare that as far as I know and believe, the information in this application is true. I understand that this application may be refused, or agreement withdrawn, if I give false or incomplete information.** | | | | | | | | | | | | | | | | | | | | | | |
| Tick this box to confirm that you understand and agree with the declaration above. | | | | | | | | | | | | | | | | | | | | |  | |
| Signatory Details | | | | | | | | | | | | | | | | | | | | | | |
| Company name (if relevant) | | | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |
| Role (if relevant) | | | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |
| Title | | | | | | | | . | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |
| First name | | | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |
| Last name | | | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |
| On behalf of (if relevant) | | | | | | | |  | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |
| Today’s date | | | | | | | |  | | | | | | | | | | |  | | |