



**BASIS® (REGISTRATION) LIMITED
STRICTLY CONFIDENTIAL**

AN INDEPENDENT REGISTRATION SCHEME FOR THE PESTICIDE INDUSTRY

APPLICATION FOR REGISTRATION

COMPANY NAME

CORRESPONDENCE ADDRESS

.....

.....

.....

POSTCODE

TEL NO

FAX NO

EMAIL

NAME OF DIRECTOR OR OTHER
SENIOR EXECUTIVE RESPONSIBLE
FOR IMPLEMENTING THE SCHEME

You are reminded of the recommendation to obtain the literature relevant to the Part of the Scheme for which this application for Registration is made. (See BASIS Publications List.)

I, the undersigned, agree to abide by the requirements of * **PART II (storage) /PART III (Seed treatment) /PART IV (contracting operation)** of the Registration Scheme. I agree to observe the decisions of the Registration Board made from time to time. (*Delete as applicable.)

I hereby certify that the premises/equipment forming the subject of any application for provisional registration now comply, to the best of my knowledge, with all of the legislative requirements, including where applicable consultation with the Fire Prevention Officer, Environment Protection Officer of the relevant Environment Agency (EA in England & Wales, SEPA in Scotland and EHS NI in Northern Ireland) and the Crime Prevention Officer and that Local Authority approval, where required, has been obtained.

SIGNED DATE

ON BEHALF OF

**Please return to: Lindsay Smith
BASIS (Registration) Ltd,
St Monica's House Business Centre,
(37-39) Windmill Lane, ASHBOURNE,
Derbyshire. DE6 1EY**

BASIS Registration
NO:.....
OFFICE USE ONLY

Particulars of premises where crop protection products are stored and names of relevant staff based at premises. **(Please complete a separate Appendix A for each additional location where crop protection products are stored.)**

ADDRESS OF PREMISE

.....

..... POSTCODE

TELEPHONE FAX

EMAIL ADDRESS

NOMINATED STOREKEEPER

NSK QUALIFICATION NO.

QUALIFIED SALES STAFF COVERING THESE PREMIES

BASIS CERTIFICATE NUMBER

NAME OF DGSA (IF APPLICABLE)

PERSON RESPONSIBLE FOR TRANSPORT

ADDRESS WHERE VEHICLES KEPT

NUMBER OF STAFF AT THIS LOCATION

HAVE THE PREMISES BEEN PREVIOUSLY REGISTERED WITH BASIS?

IF SO, UNDER WHAT COMPANY NAME

NATURE OF BUSINESS CONDUCTED (state YES or NO)

	Storage	Transport	Contract
Agrochemicals (Part II)			
Feedstuffs / Supplements			
Fertilisers			
Animal Health Products			
Seeds (Specify)			
Grain			
Other Commodities			
Compounding Feedstuffs			
Seed Treatment (Part III)			
Metallic Phosphides			

TRANSPORT VEHICLES

Type	Own	Hired
Over 3.5 GVW Flat Bed		
Box Van		
Bulker		
10 cwt Payload to 3.5 GVW Pick-up		
Van		
Up to 10 cwt Payload Pick-up		
Van		
Trailers		

Have you consulted the following authorities?

	YES	NO
a] Building Regulations Section of the Local Authority Planning Department	<input type="checkbox"/>	<input type="checkbox"/>
b] The Local Fire Authority	<input type="checkbox"/>	<input type="checkbox"/>
c] The Local Environment Agency	<input type="checkbox"/>	<input type="checkbox"/>
d] Crime Prevention Officer	<input type="checkbox"/>	<input type="checkbox"/>
e] Your own insurers	<input type="checkbox"/>	<input type="checkbox"/>

NAME OF ENVIRONMENT AGENCY *(Please delete as appropriate and specify region)*

Environment Agency (England/ Wales) Region

Scottish Environment Protection Agency Region

Environment & Heritage Service (NI) Area Office

SITING OF AGROCHEMICAL STORE

Indicate proximity of store to the following:

- | | |
|-----------------------------|------------------------|
| a] Industry (specify) | e] Shopping area |
| b] Domestic Property | f] Hospitals |
| c] Watercourses | g] Schools |
| d] Public Drains | |

Is there a flood risk at any time of year?

Is there an office within working distance?

DESCRIBE THE BUILDING CONSTRUCTION

Materials

Floor Is it easily cleaned?

Walls Roof

Container Store? **Yes / No** Store Size (m²) Height of bund (cm)

ARE ALL PARTS OF THE BUSINESS SITED AT THE SAME LOCATION?

IF THIS IS NOT THE CASE, PLEASE STATE LOCATION OF:

AGROCHEMICAL STORE (PART II)

SEED TREATMENT PREMISES (PART III)

CONTRACT APPLICATION MACHINERY /STORE (PART IV)

CONTRACT APPLICATION [GROUND/AERIAL] (PART IV)

	YES	NO
IS REGISTRATION FOR SALE/SUPPLY OF PESTICIDES ALSO REQUESTED?	<input type="checkbox"/>	<input type="checkbox"/>

If not, please state

- a) Source of Crop Protection Products
- Suppliers of pesticides for whom work
- b) will be undertaken (if applicable)

Are you a member of NAAC or SACA (specify)

Will you

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| a] (i) Supply chemicals direct to farmers? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) only with application? | <input type="checkbox"/> | <input type="checkbox"/> |
| b] Advise on choice of chemicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| c] Advise on application timing? | <input type="checkbox"/> | <input type="checkbox"/> |
| d] Advise on application technique? | <input type="checkbox"/> | <input type="checkbox"/> |
| e] Apply chemical on customers' instructions? | <input type="checkbox"/> | <input type="checkbox"/> |

Are your spray operator staff certificated as required by the Control of Pesticide Regulations 1986? YES NO

Do you undertake contracts for Local Authorities? YES NO

Are you involved with Aerial Application?
If YES, will you YES NO

a) Use own aircraft with full Aerial Application Certificate? YES NO

b) Employ other operators? (specify)

c) Possess Aerial Application Certificate (Ground Operator)? YES NO

If Not, under whose certificate will you operate?

I, the undersigned, declare that the information given is correct, to the best of my knowledge.

DATE

SIGNED

POSITION IN COMPANY

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