



**THE PEST CONTROL PRODUCTS ACT**  
**PEST CONTROL PRODUCTS (LICENSING OF PREMISES AND BUSINESS**  
**(AMENDMENT) REGULATIONS, 2006, CAP. 346**

**APPLICATION FOR A LICENSE**

WESTERN REGIONAL OFFICE  
Murbs Building, KISUMU  
Email: ksm@pcpb.or.ke

**HEAD OFFICE**  
The Managing Director/Secretary  
Pest Control Products Board (PCPB)  
P.O. Box 13794 - 00800 Loresho, Nairobi.  
E-mail: info@pcpb.or.ke/[md@pcpb.or.ke](mailto:md@pcpb.or.ke)  
Tel: 254- 020 – 8021846/7/8  
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Website: www.pcpb.or.ke

COAST REGIONAL OFFICE  
NSSF Building, 9<sup>th</sup> Floor,  
MOMBASA  
Coast.region@pcpb.or.ke

SOUTH RIFT REGIONAL OFFICE  
Pyrethrum Board of Kenya Offices,  
NAKURU,  
Email: southrift@pcpb.or.ke

MT KENYA REGIONAL  
OFFICE  
Embu Motors Building, EMBU  
Email: mtkenya@pcpb.or.ke

1. Name of applicant(s) \_\_\_\_\_
2. Name and address of person or firm to be issued with license \_\_\_\_\_  
\_\_\_\_\_
3. Full names of partners and / or Directors (where applicable) \_\_\_\_\_  
\_\_\_\_\_
4. Nature of occupation for which a license is required \_\_\_\_\_  
\_\_\_\_\_
5. Owner of premises \_\_\_\_\_
6. Plot No \_\_\_\_\_ L.R. No. \_\_\_\_\_
7. Location \_\_\_\_\_ Road / Street \_\_\_\_\_
8. Town \_\_\_\_\_ District \_\_\_\_\_
9. General business postal address \_\_\_\_\_
10. Tel: \_\_\_\_\_ Email: \_\_\_\_\_
11. Name and qualifications of person under whom processing/trading will be undertaken  
\_\_\_\_\_  
\_\_\_\_\_

Fee paid ..... Date .....

Date ..... Signature of Applicant.....