

UK Rodenticide Stewardship Regime



I (**C O N T A C T N A M E**) as the named Farm Assurance Scheme contact at (**C O M P A N Y N A M E**) declare that all Rodenticides with Stewardship conditions will only be applied by myself and my staff in full compliance with the current Farm Assurance Scheme Standards relating to the control of rodents.

Name & Address of Farm	Farm Assurance Scheme & Membership Number

I hereby give permission for the below named person(s) to purchase/collect only on behalf of the above Farm Assured business, and on the explicit understanding that these products will only be used at the above business while it remains a member of a CRRU Aligned Farm Assurance Scheme .

Named Purchaser / Collector

I also recognise that it is the responsibility of (**C O M P A N Y N A M E**) to immediately notify Killgerm of any changes to its Farm Assurance Scheme Membership status.

Killgerm account number: _____

Signed: _____

Print Name: _____

Position: _____

Date: _____