

**Application for Sale Permission (Source of Authentication)**

To,

The Licensing Authority,  
State of.....

**I/We hereby apply for Sale Permission (Source of Authentication)**

for sale or distribute insecticides in the State of Rajasthan.

1. Full name and address of the applicant.
2. Is the applicant a new comer ? ( Say 'Yes' or 'No')
3. I enclose a certificate from the principles whom I represent or whom I intend to represent and the source/sources from which insecticides will be obtained.
4. The names of insecticides in which the applicant desires to carry on business.
5. Full particulars of licenses issued in his name by other State Governments :-
  - (a) Name of Firm-----
  - (b) Manufacture License No.-----
  - (c) Valid up to-----
6. Declaration
  - (a) I/We declare that the information given above is true to my/our knowledge and belief, and no part thereof is false.
  - (b) I/We carefully have read the terms and conditions of the Office Order of SOA and agree to abide by them.

Name and address of the applicant(s) in block letters.

Date :

Place :

**Signature of the applicant(s)**