

Farm size (acres): _____

Estimated number of acres to be treated by crop type:

Crop (crop type)/ Forage / Pasture Type (list below)	Acres Treated

Integrated Pest Management (IPM) Strategies Used in the Past 24 Months

Users of strychnine must demonstrate that they have incorporated IPM strategies into their management plan before accessing strychnine. Please describe the IPM strategies you have used to manage RGS over the past 24 months (2 years) below. This can include but is not limited to the options below.

Note: Strychnine should only be used after the use of an Integrated Pest Management (IPM) program is proven not effective and must be applied in a way that prevents exposure to non-target wildlife. Users should avoid any practices that could attract raptors or other species to treated areas and must follow all label directions to minimize risks to birds and other animals.

Please check use of:

- Raptor perches, nesting platforms and/or boxes Trapping Shooting Fumigation

- Vegetation height management (>15 cm) Predator tolerance Tolerance of low RGS populations

- Alternative rodenticides to strychnine (list below) None (no strategies used)

Describe IPM strategy details or other methods used:



Certification

As the or designate of the municipality, I certify the information provided on the form, to the best of my knowledge, is accurate. I will ensure that all records related to the use of strychnine will be retained by the municipality until provision of those records is requested by the Ministry of Agriculture and Irrigation (AGI) or until the Ministry permits disposal of the records in writing.

I confirm:

- that I have provided information to the agricultural producer about the Species at Risk (SAR) known to have populations within the municipality.
- that I have received the completed agricultural producer's Strychnine Use Declaration;

that the agricultural producer has received the Product Evaluation Form and I will ensure the completed form is uploaded to the AGI SharePoint prior to the next purchase or by the end treatment period, September 29, 2026

Municipality: _____

Agricultural Fieldman Name (or designate) Print name: _____

Agricultural Fieldman (or designate) Signature: _____

Strychnine Use Declaration

Emergency Use Registration for 2% Liquid Strychnine Concentrate (Registration # 28751)

Statement of Declaration

I declare:

- I have reviewed and understood the 2% liquid strychnine concentrate product label and brochure.
- I am facing a significant infestation of Richardson's ground squirrel.
- I manage agricultural land and will only use strychnine on agricultural land that I own, rent/lease (lawful possession or occupation of the land through a written agreement), or otherwise exercise a right of control over.
- I have completed the Strychnine Stewardship Training for Producers and hold a valid Certificate.
- I understand who is legally permitted to apply for this product and confirm that I meet the eligibility criteria, as a titled landowner, renter/lease agreement holder, or authorized director.

I agree to:

- Only apply strychnine at the location(s) set out in the Treatment Plan.
- Assess all treatment locations, prior to applying strychnine, for the presence of Species at Risk (SAR) and apply appropriate risk mitigation measures if no SAR are present.
- Avoid use of strychnine in locations where the SAR are present.
- Follow the product label and brochure and only use the product for Richardson's ground squirrel control.
- Only purchase strychnine from the municipality identified as my primary municipality on my Strychnine Stewardship Training for Producers certificate.
- Permit a municipal, provincial official or representative to conduct field audits to verify that strychnine was used properly and I have followed the product label and brochure.
- Adhere to the emergency use registration period of March 30, 2026, to November 1, 2027, and return all unused product to the municipality where I purchased the product at the end of the period.
- Use strychnine as part of an integrated pest management (IPM) program and not to solely rely on strychnine for the management of Richardson's ground squirrel.
- Not sell, give or otherwise transfer possession of strychnine to another party unless that party is the municipality from which I obtained it.
- Complete the Product Evaluation Form by the timeline outlined by the municipality where I purchased strychnine.
- Monitoring for carcasses, including non-target species, must be done daily for the first week (7 monitoring events in the first week) and on a weekly basis for an additional three weeks (3 monitoring events) following the initial week for a total monitoring period of 4 weeks. This means that each treatment site must be monitored 10 times per application.
- Where there is an increased likelihood of SAR, or where treatment occurs near critical habitat, monitoring must be conducted at least twice per day (daylight hours) for the first week, then weekly for three additional weeks, for a total monitoring period of four weeks.
- Only use strychnine in areas where Richardson's ground squirrel populations currently have or have the immediate possibility of causing significant economic damage.
- Report any incidence of non-target animal poisoning in areas where strychnine was applied on the Product Evaluation Form to Health Canada.
- Return all unused strychnine to the municipality which I purchased from by November 1, 2027.
- Allow the information I provide through the Strychnine Product Stewardship Program to be made available to all municipality staff and to Alberta Agriculture and Irrigation be used to compile reports to Health Canada.

I agree to provide the following information:

- User contact information, including name and phone number.
- Treatment plan will include the locations and land use (crop, pasture, etc.) of where the product will be used and the application methodology.
- IPM strategies used in the past 24 months.

Access to strychnine will be dependent on the below being signed by me, and by my adhering to this declaration. Any sale will be contingent on review of information described above, completion of mandatory training, and any other requirement that may be reasonably required by the municipality or Alberta Agriculture and Irrigation under the Strychnine Product Stewardship Program.

My declarations as above are truthful, and I accept the terms and conditions as set out above.

Dated: _____ Applicant Signature: _____

If submitting by email, please type your name below. If submitting by mail, please sign the printed form.

Signed declaration form must be submitted to your municipal office prior to the purchase of 2% Liquid Strychnine.