

# To possess and use schedule 7 pesticides and/or restricted chemical products

## Application

I hereby apply under the provisions of the *Agricultural and Veterinary Chemicals (Control of Use) Act 2004* to possess and use a schedule 7 (S7) substance and/or a restricted chemical product (RCP).

Section A: Applicant details			
<b>Title:</b>	Mr / Mrs / Ms / Other	<b>Date of Birth:</b>	
<b>Given name(s):</b>		<b>Family name:</b>	
<b>Business phone no.:</b>		<b>Mobile no.:</b>	
<b>Email address:</b>			
<b>Postal address</b> (this is the address to which your certificate will be sent):			
<b>Physical address</b> (if different to postal address):			
<b>Have you been previously authorised for S7 substances in the NT?</b>			Yes / No
<b>If yes, provide authorisation number:</b>			
<b>Have you been convicted of an offence against this or related legislation in the NT or another State or Territory?</b>			Yes / No
<b>If yes, provide details?</b>			
<b>Do you have a current AusChem, ChemCert or SMARTtrain level 3 accreditation or equivalent?</b>			Yes / No
<b>Other relevant qualifications:</b>			
Section B: The premise(s) where use, storage or possession is intended			
<b>List all addresses:</b>			
<b>Do you own the premises?</b>			Yes / No

<b>If no, state name(s), address(es) and phone number(s) of owner(s):</b>	
<b>If premises owned by you, is ownership jointly or in common with another person?</b>	Yes / No
<b>State where the pesticides will be stored (specify in which part of the premises) and give details of special security arrangements.</b>	
<b>Section C: Details of schedule 7 pesticides required</b>	
<b>Name of pesticide:</b>	
<b>Name of pest:</b>	
<b>Name of crop or animal species:</b>	
<b>Name of pesticide:</b>	
<b>Name of pest:</b>	
<b>Name of crop or animal species:</b>	
<b>Name of pesticide:</b>	
<b>Name of pest:</b>	
<b>Name of crop or animal species:</b>	
<b>Will pesticides be used in connection with primary production?</b>	Yes / No
<b>Nature of Business:</b>	
<b>Name of Business:</b>	

## Section D: Declaration

### Read carefully before signing and dating

I acknowledge that I have been given a copy of the following:

**“Northern Territory requirements for possession and use of Schedule 7 (S7) or Restricted Chemical Products (RCP) pesticides”.**

And I understand that I must comply with all the conditions and requirements specified in that document and in the event of any departure therefrom, I am liable to prosecution.

If I am authorised to possess and/or use the Schedule 7 or Restricted Chemical Product pesticide(s), I declare that:

- a. I shall use the substance personally;
- b. I shall not supply it to any other person;
- c. I shall not possess, use or store it at any premises other than those specified in my authorisation;
- d. I shall store it (except when in actual use) in a locked cabinet, storeroom or shed;
- e. I shall use the substance only in accordance with the conditions specified in my authorisation; and
- f. I shall dispose of all empty pesticide containers in accordance with label or if this is impractical by contacting drumMuster ([www.drummuster.com.au](http://www.drummuster.com.au)), or a professional service provider to arrange for disposal.

I declare that all of the above information is true and correct.

**Signature:**

**Date:**

## Section E: Submission of application

### Copies of the following must accompany your application:

- Current drivers licence or other official photographic ID.
- AusChem Certificate level 3, or
- ChemCert Certificate level 3, or
- SMARTtrain Certificate (card) level 3 or equivalent

Completed forms can be forwarded to:

**Email:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au)

**Mail:** Chemical Services  
Department of Industry, Tourism and Trade  
GPO Box 3000  
DARWIN NT 0801

## Enquires

**Tel:** 08 8999 2344

**Email:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au)