

Pest Management Technician Licence Application Form

The Manager

Medicines & Poisons
Department of Health
PO Box 40596
CASUARINA NT 0811

Phone: (08) 8922 7341
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I hereby apply for a licence to be a Pest Management Technician under the *Medicines, Poisons and Therapeutic Goods Act 2012*.

Type of Licence				
& Full	& Fumigation	& Mutual Recognition		
Applicant Details				
Full Name (for licence document):			Date of Birth:	
Residential Address				
Postal Address				
Phone Number		Fax Number		
Mobile Number		Email Address		
<input type="checkbox"/> Attach copy of driver licence or other official photographic ID				
Current Employer / Business Details				
Business Trading Name				
Business Address				
Phone Number		Email Address		
Name Of Business Contact				
Qualifications				
<input type="checkbox"/> Please attach statement of attainment for each relevant competency unit.				
<ul style="list-style-type: none"> · Mutual recognition applicants need only attach a copy of your current interstate licence (both sides). · Qualifications are to be no more than 3 years old. 				
& CPPUPM3005	& CPPUPM3006	& CPPUPM3018	& CPPUPM3011	& Interstate Licence
Full)	(Full)	(Full)	(Fumigation)	(Mutual Recognition)
Knowledge and Experience				
<ul style="list-style-type: none"> · If your licence has been expired for greater than 2 years, you will need to apply as a new applicant. · More than 3 years out of the industry, your original qualifications will not be recognised. 				

State specifically the name of each S7 pesticide including fumigants, you wish to use and state the proposed purpose of each (for licence document):

Please note that special requirements apply to fumigants – see info sheet No. 330.3

State address where pesticides will be stored and give details of special security arrangements for Schedule 7 substances:

State period of residence in the Northern Territory - if less than 5 years, state previous place of residence:

Section 118 of MPTGA requires the delegate to assess the applicant's suitability. This may include a National Criminal History Check.

I declare that I have attached 0 the following:

- & Drivers licence or other photographic identification
- & Copies of Qualifications (not for mutual recognition)
- & Interstate Licence Copy ()
- & Medical Fitness Certificate ()
- & 3 Sites of Inspection Statement ()

Declaration

I understand that the holder of a Pest Management Technician licence must comply with the provisions of and and is responsible for the personal supervision and control of all pesticides in their possession.

Signature of Applicant _____ Date ____ / ____ / ____

Payment Details

0 Attach cheque or copy of receipt. All queries on payment methods are to be referred to the Receiver of Territory Monies (RTM) on (08) 8999 1606

- & Cheque
- & Payment by Credit Card

Amount Paid _____ Receipt Number _____ Date Of Payment ____ / ____ / ____