Automatic Mutual Recognition (AMR)

 Licence Application Form

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| **The Director** |  |
| Medicines & Poisons  |  |
| Department of Health  | **Phone:** (08) 8922 7341 |
| PO Box 40596 | **Fax:** (08) 8922 7200 |
| CASUARINA NT 0811 | Email: poisonscontrol@nt.gov.au  |

**I hereby apply Automatic Mutual Recognition (AMR) to conduct work as a Pest Management Technician as defined and regulated under the *Medicines, Poisons and Therapeutic Goods Act 2012*.**

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| **Applicant Details** |
| **Full Name (for licence document):** | **Date of Birth:** |
| **NT Residential Address:** |
| **Postal Address:** |
| **Phone Number:** | **Fax Number:** |
| **Mobile Number:**  | **Email Address:** |
| ☐ **📎 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:** |
| **State where Licensed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Years of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Licence Expiry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ☐ **📎 Interstate Licence – please attach a copy of your interstate licence/approval** |
| **State the name of each S7 pesticide including fumigants, you wish to use and state the proposed purpose of each (for licence document):**  |
| Please note: * **You must include the correct name** of the S7 **substance, no generic names are accepted**
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| **State address where pesticides will be stored and give details of special security arrangements for Schedule 7 substances:**  |
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| **State expected period of residence in the Northern Territory:**  |
| **Section 118 of MPTGA requires the delegate to assess the applicant’s suitability. This may include a National Criminal History Check.** |
| **Declaration** |
| ☐ I understand that the holder of a Pest Management Technician licence must comply with the provisions of *the Medicines,*  *Poisons and Therapeutic Goods Act* *2012* and *Regulations in line with the Mutual Recognition (Automatic Deemed Registration Notification – Northern Territory) Determination 2022 (No. 2)* and is responsible for the personal supervision and control of all pesticides in their possession. |
|  ☐ I declare that there is no pending action or current restrictions imposed on the applicant in any other State or  Territory at the time of this application.  |
| **Signature of Applicant** |  | **Date** |  / / 20 |