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](mailto: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** | | | | | |
| **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 |