**APPLICATION FOR PEST MANAGEMENT TECHNICIAN LICENCE**

The Manager

Medicines & Poisons Control

Department of Health

PO Box 40596 **Phone:** (08) 8922 7341

CASUARINA NT 0811 **Fax:** (08) 8922 7200

I hereby apply for a licence to be a Pest Management Technician under the *Medicines, Poisons and Therapeutic Goods Act*.

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| **TYPE OF LICENCE:****□FULL □PROVISIONAL □FUMIGATION □MUTUAL RECOGNITION** |
| **FULL NAME (for licence document):** | **DATE OF BIRTH:** |
| **OCCUPATION:** |
| **BUSINESS NAME:** |
| **BUSINESS ADDRESS:** | **TELEPHONE:** |
| **POSTAL ADDRESS OF APPLICANT (for licence document):** |
| **HOME ADDRESS:** | **MOBILE:** |
| **EMAIL ADDRESS:** |
| **QUALIFICATIONS:** -please attach statement of completion for each relevant competency unit-for provisional licence applicants only, proof of enrolment is needed -for mutual recognition applicants only, a copy of your interstate licence is needed (must be current)**□ CPPPMT3005A □ CPPPMT3006A □ CPPPMT3018B □ CPPPMT3011A □Interstate licence** (full/provisional) (full/provisional) (full/provisional) (fumigation)  |
| **KNOWLEDGE & EXPERIENCE:** |
| **STATE SPECIFICALLY THE NAME OF EACH PESTICIDE YOU REQUIRE AUTHORISATION TO USE AND STATE THE PROPOSED PURPOSE OF EACH (for licence document):****Unscheduled:Schedule 5:Schedule 6:****Schedule 7:**(provisional pest management applications must attach a list specifying poisons to be used – S7 substances are not permitted for provisional licence holders) |
| **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 demonstration of a suitable person. This may include a National Criminal History Check.** |
| **I DECLARE THAT I HAVE ATTACHED THE FOLLOWING:** |
| □ Certified Photograph□ Prescribed fee (*see Fee info sheet No. 300.2*)□ Copies of Qualifications□ ChemCert / SMARTtrain / AusChem (*Provisional Only*) | □ Interstate Licence Copy (*Mutual Recognition Only*) □ Medical Fitness Certificate (*Fumigation Only*)□ 3 Sites of Inspection Statement (*Fumigation Only*)□ Employment agreement between supervising PMT and provisional application with demonstration of 100 hours shoulder to shoulder experience (*Provisional Only*) |
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| **DECLARATION**I understand that the holder of a Pest Management Technicians licence must comply with the provisions of the *Medicines, Poisons and Therapeutic Goods Act* and is responsible for the personal supervision and control of all poisons in his/her possession.**SIGNATURE OF APPLICANT …………./…………./20……….** |
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| **PROVISIONAL APPLICATION ONLY –** **TO BE COMPLETED BY FULLY LICENCED PEST MANAGEMENT TECHNICIAN EMPLOYER** |
| **NAME OF EMPLOYING PEST MANAGEMENT TECHNICIAN** |
| **LICENCE NUMBER**  | **EXPIRY DATE** |
| **NAME OF COMPANY** | **TELEPHONE** |
| **DECLARATION**I undertake to ensure that the holder of a provisional pest management technician licence while employed by me:1. Must not use any pesticide other than those listed in his/her provisional licence;
2. Must use those pesticides only under the direction of a fully licensed pest management technician;
3. Must not carry out a pest management operation unless it is in accordance with the “Guidelines for the safe use of pesticides in non-agricultural workplaces” and “Pest Management in Schools” as published by the Australian Pesticides and Veterinary Medicines Authority (APVMA); and
4. Must comply with Australian Standard 3660.1 – 2000: “Termite management – New building work” and Australian Standard 3660.2 – 2000: “Termite management – in and around existing buildings and structures”.

**SIGNATURE OF EMPLOYER …………./…………./20……….** |
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| **PAYMENT DETAILS**□ Cheque or Money Order Enclosed *(payable to Receiver of Territory Monies)*□ Payment by Credit Card *(please call* ***(08) 8943 6219*** *for all credit card payments)* |