**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*.

|  |  |  |  |
| --- | --- | --- | --- |
| **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*) | | |
|  | | | |
| **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……….** | | | |
|  | | | |
| **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……….** | | | |
|  | | | |
| **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)* | | | |