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| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| I hereby apply under the provisions of the A*gricultural and Veterinary Chemicals (Control of Use) Act* *2004* to possess and use a schedule 7 (S7) substance and/or a restricted chemical product (RCP). |
| Section A: Applicant details |
| Title: | Mr / Mrs / Ms / Other | Date of Birth: |  |
| Given name(s): |  | Family name: |  |
| Business phone no.: |  | Mobile no.: |  |
| Email address: |  |
| Postal address (this is the address to which your certificate will be sent): |  |
| Physical address (if different to postal address): |  |
| Have you been previously authorised for S7 substances in the NT? | Yes / No |
| If yes, provide authorisation number: |  |
| Have you been convicted of an offence against this or related legislation in the NT or another State or Territory? | Yes / No |
| If yes, provide details? |  |
| Do you have a current AusChem, ChemCert or SMARTtrain level 3 accreditation or equivalent? | Yes / No |
| Other relevant qualifications: |  |
| Section B: **The premise(s) where use, storage or possession is intended** |
| List all addresses: |
|  |
|  |
|  |
| Do you own the premises? | Yes / No |
| If no, state name(s), address(es) and phone number(s) of owner(s): |
|  |
|  |
|  |
| If premises owned by you, is ownership jointly or in common with another person? | Yes / No |
| State where the pesticides will be stored (specify in which part of the premises) and give details of special security arrangements. |
|  |
|  |
|  |
| Section C: Details of schedule 7 pesticides required |
| Name of pesticide: |  |
| Name of pest: |  |
| Name of crop or animal species: |  |
| Name of pesticide: |  |
| Name of pest: |  |
| Name of crop or animal species: |  |
| Name of pesticide: |  |
| Name of pest: |  |
| Name of crop or animal species: |  |
| Will pesticides be used in connection with primary production? | Yes / No |
| Nature of Business: |  |
| Name of Business: |  |
| Section D: Declaration |
| **Read carefully before signing and dating**I acknowledge that I have been given a copy of the following:**“Northern Territory requirements for possession and use of Schedule 7 (S7) or Restricted Chemical Products (RCP) pesticides”.**And I understand that I must comply with all the conditions and requirements specified in that document and in the event of any departure therefrom, I am liable to prosecution.If I am authorised to possess and/or use the Schedule 7 or Restricted Chemical Product pesticide(s), I declare that:1. I shall use the substance personally;
2. I shall not supply it to any other person;
3. I shall not possess, use or store it at any premises other than those specified in my authorisation;
4. I shall store it (except when in actual use) in a locked cabinet, storeroom or shed;
5. I shall use the substance only in accordance with the conditions specified in my authorisation; and
6. I shall dispose of all empty pesticide containers in accordance with label or if this is impractical by contacting drumMuster ([www.drummuster.com.au](http://www.drummuster.com.au/)), or a professional service provider to arrange for disposal.

I declare that all of the above information is true and correct. |
| Signature: |  | Date: |  |
| Section E: Submission of application |
| **Copies of the following must accompany your application:*** Current drivers licence or other official photographic ID.
* AusChem Certificate level 3, or
* ChemCert Certificate level 3, or
* SMARTtrain Certificate (card) level 3 or equivalent

Completed forms can be forwarded to:**Email:** chemicals@nt.gov.au**Mail:** Chemical Services Department of Industry, Tourism and TradeGPO Box 3000Darwin NT 0801 |
| Enquires |
| **Tel:** 08 8999 2344 **Email:** chemicals@nt.gov.au |
| End of form |