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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: | | | | | | | | |
|  | | | | | | | | |
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|  | | | | | | | | |
| 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. | | | | | | | | |
|  | | | | | | | | |
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|  | | | | | | | | |
| 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](mailto:chemicals@nt.gov.au)  **Mail:** Chemical Services Department of Industry, Tourism and Trade GPO Box 3000 Darwin NT 0801 | | | | | | | | |
| Enquires | | | | | | | | |
| **Tel:** 08 8999 2344 **Email:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au) | | | | | | | | |
| End of form | | | | | | | | |