# Guidelines for applying for an Aerial Spraying Business Licence

Under the *Agricultural and Veterinary Chemicals (Control of Use) Act 2004* spraying businesses that provide an aerial spraying service for fee or reward must be authorised under an Aerial Spraying Business Licence.

Licence expires on 30 June of the third year from date of issue.

A renewal notice will be issued by Department of Primary Industry and Resources (DPIR) prior to the licence expiry date.

There are no fees.

All businesses must have a business licence, including owner operators.

Business can only employ Aerial Spraying Applicators licensed under the *Agricultural and Veterinary Chemicals (Control of Use) Act 2004*.

**Your application must be accompanied by copies of the following:**

* Evidence of an Air Operators Certificate endorsed to carry out agricultural operations.
* Current drivers licence or other official photographic ID.

**Forward completed application to:**

**EMAIL:** chemicals@nt.gov.au

**MAIL:** Chemical Services

 Department of Primary Industry and Resources

 GPO Box 3000

 DARWIN NT 0801

**FAX:** 08 8999 2111

**ENQUIRIES**: **Tel:** 08 8999 2102 **Fax:** 088999 2111 **Email:** chemicals@nt.gov.au

# Application

|  |  |
| --- | --- |
| **Title:** | **Mr / Mrs / Ms / Other**  |
| **Given name(s):**  |  | **Family name:** |  |
| **Date of birth:**  |  / / *(Attach copy of drivers licence or other official photographic ID)* |
| **Company name:** |  | **ABN or ACN:** |  |
| **Position in company:** |  |
| **Business phone no.:** |  | **Home phone no.:** |  |
| **Mobile no.:** |  | **Fax no.:** |  |
| **Email address:** |  |
| **Business address:** |
| **Postal address** *(this is the address to which your certificate will be sent):* |
| **Residential address:** |
| **Does the company hold an equivalent licence issued interstate?**Yes [ ]  No [ ]  |
| **Has the company had its licence suspended, cancelled or been refused a licence in any State or Territory of Australia in the last five years?**Yes [ ]  No [ ]  |
| **Signature: Date:**  |