Pest Management Technician Licence Application Form

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| **The Director** |  |
| Medicines & Poisons  |  |
| Department of Health  | **Phone:** (08) 8922 7341 |
| PO Box 40596 | **Fax:** (08) 8922 7200 |
| CASUARINA NT 0811 | Email: poisonscontrol@nt.gov.au  |

**I hereby apply for a licence to be a Pest Management Technician under the *Medicines, Poisons and Therapeutic Goods Act 2012*.**

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| **Type of Licence** |
| ☐**Full**  | ☐**Fumigation**  | ☐**Mutual Recognition** |
| **Applicant Details** |
| **Full Name (for licence document):** | **Date of Birth:** |
| **Residential Address** |
| **Postal Address** |
| **Phone Number** | **Fax Number** |
| **Mobile Number** | **Email Address** |
| **📎 Attach copy of driver licence or other official photographic ID** |
| **Current Employer / Business Details** |
| **Business Trading Name** |
| **Business Address**  |
| **Phone Number** | **Email Address** |
| **Name Of Business Contact** |

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| **Qualifications**  |
| **📎 Please attach statement of attainment for each relevant competency unit.** * Mutual recognition applicants need only attach a copy of your current interstate licence (both sides).
* Qualifications are to be no more than 3 years old.
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| ☐ **CPPUPM3005** | ☐ **CPPUPM3006** | ☐ **CPPUPM3018** | ☐**CPPUPM3011** | ☐ **Interstate Licence** |
|  (Full)  |  (Full)  |  (Full)  | (Fumigation)  | (Mutual Recognition)  |
| **Knowledge and Experience*** **If your licence has been expired for greater than 2 years, you will need to apply as a new applicant.**
* **More than 3 years out of the industry, your original qualifications will not be recognised.**
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| ☐ **Previously Licensed** |  | ☐ **New Applicant** |  |
| State where Licensed  |  |  |
| Years of Practice  |  |
| Date of Licence Expiry |  |
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| **State specifically the name of each S7 pesticide including fumigants, you wish to use and state the proposed purpose of each (for licence document):**  |
| Please note that special requirements apply to fumigants – see info sheet No. 330.3 |
| **State address where pesticides will be stored and give details of special security arrangements for Schedule 7 substances:**  |
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| **State period of residence in the Northern Territory - if less than 5 years, state previous place of residence:**  |
| **Section 118 of MPTGA requires the delegate to assess the applicant’s suitability. This may include a National Criminal History Check.** |

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| **I declare that I have attached 📎 the following:** |
| ☐ Drivers licence or other photographic identification ☐ Copies of Qualifications (not for mutual recognition)☐ Interstate Licence Copy (*Mutual Recognition Only*)☐ Medical Fitness Certificate (*Fumigation Only*)☐ 3 Sites of Inspection Statement (*Fumigation Only*) |
| **Declaration** |
| I understand that the holder of a Pest Management Technician licence must comply with the provisions of *the Medicines, Poisons and Therapeutic Goods Act* *2012* and *Regulations* and is responsible for the personal supervision and control of all pesticides in their possession. |
| **Signature of Applicant** |  | **Date** | / / |
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| **Payment Details** |
| **📎 Attach cheque or copy of receipt. All queries on payment methods are to be referred to the Receiver of Territory Monies (RTM) on (08) 8999 1606**  |
| ☐ Cheque *(payable to Receiver of Territory Monies)*  |
| ☐ Payment by Credit Card *(please call Darwin RTM (08) 8999 1606 for all credit card payments)* |
| **Amount Paid** |  | **Receipt Number** |  | **Date Of Payment** | / / |
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