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](mailto: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. | | | | |
| ☐ **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.** | | | | |
| ☐ **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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