# Guidelines for completion of an application for a pilot (chemical rating) licence

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

Current Commercial Pilot Licence with agricultural rating endorsement.

Evidence that the applicant is a holder of a current Spray Safe Accreditation certificate issued by the Aerial Application Association of Australia.

Current drivers licence or other official photographic ID.

**In addition, your application must include the following details:**

Any other pilot licences or certificates issued in another State or Territory of Australia.

Particulars of any licence refusal, cancellation or suspension in any State or Territory of Australia.

**Forward completed application to:**

**Email:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au)

**Mail:** Chemical Services

Department of Primary Industry and ResourcesGPO Box 3000  
DARWIN NT 0801

**Fax:** 08 8999 2111

**Enquiries: Tel:** 08 8999 2102 **Fax:** 088999 2111 **Email:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au)

# Application

This Licence applies to a pilot (chemical rating) in the employ of an aerial spraying business.

## Section A: Competencies (provide copies (not originals) for all certificates)

|  |  |  |
| --- | --- | --- |
| **Commercial pilot licence (with agricultural rating)** | Yes | No |
| **Current spray safe accreditation certificate** | Yes | No |

## Section B: Applicant details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Mr / Mrs / Ms / Other | | |
| Given name(s): |  | Family name: |  |
| **Date of birth:** | / / *(Attach copy of drivers licence or other official photographic ID)* | | |
| Business phone no.: |  | Home phone no.: |  |
| Mobile no.: |  | Fax no.: |  |
| Email address: |  | | |
| Postal address *(this is the address to which your certificate will be sent):* | | | |
| Residential address *(if different to property address):* | | | |
| **Have you previously had a pilot (chemical rating) licence or equivalent in the NT, or another State/Territory?**  Yes  No  **If yes, which State or Territory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Has your licence ever been cancelled, suspended or have you ever been refused a licence?  Yes  No  If yes, please give details: | | | |
| I understand that the holder of a pilot (chemical rating) licence must comply with the provisions of the *Agricultural and Veterinary Chemicals (Control of Use) Act* and the Regulations.  Signature: Date: | | | |