



Application for Licence as Pest Management Technician

HEALTH ACT 1911
Health (Pesticides) Regulations 2011

TYPE OF LICENCE SOUGHT

TECHNICIAN PROVISIONAL REACTIVATE (PREVIOUS LICENCE NUMBER) _____

1. APPLICANT DETAILS		
Given Names:		Surname:
Date of Birth:	Telephone:	Mobile No:
Postal Address:		
Suburb:		Postcode:
Residential Address:		
Suburb:		Postcode:
E-Mail Address:		
Name of Pest Management Business Employed by:		

2. LICENCE ENDORSEMENTS

Nominate the operational areas you are qualified to undertake, and wish to have **endorsed** on your licence.

Please ensure you have undertaken the appropriate training to support the endorsements

(You must attach a copy of your relevant qualifications in support of your application)

- | | | |
|--|--|--|
| <input type="checkbox"/> Termites and Timber Pests | <input type="checkbox"/> Pest & Weed Control - Non Cropping | |
| <input type="checkbox"/> Commercial / Domestic Pests | <input type="checkbox"/> Bushland / Mine Site Rehabilitation / Landscaping | |
| <input type="checkbox"/> Lawn and Garden | <input type="checkbox"/> Power Poles | <input type="checkbox"/> Turf Management |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Forestry | <input type="checkbox"/> Feral Vertebrates |
| <input type="checkbox"/> Feral Pigeon Control | <input type="checkbox"/> Crops & Pasture | <input type="checkbox"/> Dieback Control |
| <input type="checkbox"/> *Fumigation* | | |

NOTE:* If you require the endorsement of fumigation on your licence, then this application must be accompanied by:

***A. Medical Certificate:** Your medical practitioner can use their own Medical Certificate or the Department of Health's Form available from Pesticide Safety or downloaded at www.public.health.wa.gov.au.

***B. First Aid Certificate:** A Basic First Aid Certificate - Resuscitation is required



3. FUMIGANTS, SCHEDULE 7 & RESTRICTED-USE PESTICIDES

Please list below **Fumigants, Schedule 7 and Restricted-Use Pesticides** you are qualified to use, and wish to have listed on your licence.

[E.g. Alphachloralose, Pindone, Insectigas (Dichlorvos), Sodium Fluoracetate (1080), Strychnine, Paraquat, Methomyl, Omethoate, Methyl Bromide, Sulfuryl Fluoride etc].

Please enclose a copy of the relevant qualification with this application for all pesticides to support your application.

4. APPLICANT DECLARATION

YOU MUST TICK ALL THE RELEVANT BOXES

I, the person making this application, declare that:

FOR PROVISIONAL LICENCES ONLY:

- I am 17 years of age, OR
- I am 18 years of age, or older.
- I will be under personal supervision at all times

FOR ALL PROVISIONAL AND TECHNICIAN’S LICENCES

- I am 18 years of age, or older.
- I have attached a current colour passport sized photograph to my Photographic and Signature Identification Form which is appropriately **endorsed**.
- Qualifications for the required Fumigants, Schedule 7 Restricted-Use Pesticides are enclosed.
- The Statement of Attainment or Qualifications from a Registered Training Organisation is enclosed.
- The prescribed fee of \$140 is enclosed with this application.
- The information contained in this application is true and correct in every particular.

AND FOR ALL TECHNICIAN’S WITH THE ENDORSEMENT OF FUMIGATION:

- *Medical Certificate
- *Certificate in Basic First Aid Training - Resuscitation

Signature of Applicant Date / /
Your Application Will Be Returned Without a Signature

THIS FORM MUST BE COMPLETED WITH PAYMENT & RETURNED TO PESTICIDE SAFETY

INCOMPLETE APPLICATIONS WILL BE RETURNED



5. PAYMENT OF APPLICATION FEE OPTIONS

Fee for both a Provisional and Technician's licence is \$140 (Not subject to GST).

Please tick the appropriate payment option

By Cheque / Money Order

Enclose payment and completed application to **Department of Health WA** (detail below):

By Credit Card

Please charge my Mastercard Visa

Card No Card Expiry Date

Cardholder's Name (please print) _____

Cardholder's Signature _____ Amount Paid \$ _____

By Direct Deposit

- Quote your full name.
- Use BSB Number 066-040 and account number 133 000 18.
- **ATTACH COPY OF PAYMENT CONFIRMATION WITH THIS APPLICATION.**

Licence Number

Applicant's Name _____

Receipt Address _____

6. ENQUIRES

Pesticide Safety
Department of Health WA
PO Box 8172
Perth Business Centre WA 6849
P: (08) 9388-4864 or P: (08) 9388-4999
F: (08) 9382-0770

Grace Vaughan House
227 Stubbs Terrace
Shenton Park WA 6008
E: pesticidesafety@health.wa.gov.au
W: www.public.health.wa.gov.au

INCOMPLETE APPLICATIONS WILL BE RETURNED

**Application to be posted to:
Pesticide Safety
Department of Health WA
PO Box 8172
Perth Business Centre WA 6849**

OFFICE USE ONLY		
Licence No	Date of Expiry __/__/____	
<input type="checkbox"/> Recommended for Approval <input type="checkbox"/> NOT recommended for Approval		
Name Dept Officer	Sign	Date __/__/____
<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved		
Name Dept Authorised Officer	Sign	Date __/__/____



Photographic and Signature Identification Form

Name of Applicant: _____ Licence No: _____ (if applicable)

1. Photographic and Signature Identification

The **Licence as a Pest Management Technician** will display a photograph of technician in digital format. Please attach a **current colour photograph** that meet the specification below.

The photograph must be

- No smaller than 35mm x 45mm and no larger than 40mm x 50mm (i.e. passport size)
- Not more than 6 months old
- Good quality colour with no ink or marks on the image
- Sharply focused, not blurred or unclear
- Full front view of head and shoulders

See fact sheet for further information.

**Attach Endorsed photograph here
using adhesive tape only**

Applicant's specimen signature
(must be signed in the presence of the identifier)

Date __/__/____

2. Declaration to be Signed by Identifier

The identifier must:

- Be satisfied that the current photograph represents the applicants true identity
- Witness the applicant signing the applicants specimen signature block section **(1)** and
- **Complete their details SIGN this declaration and ENDORSE the back of the photograph.**

Identifier please tick

<input type="checkbox"/> Public Servant	<input type="checkbox"/> Justice of the Peace	<input type="checkbox"/> Licensing Officer Pesticide Safety
<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Environmental Health Office
<input type="checkbox"/> School Teacher	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Post Master

I declare that I meet the requirements listed above to make this declaration. I am satisfied that the specimen signature and coloured sized photograph at section 1 are the applicant's true signature and identity.

Identifier Signature		Date	__/__/____
Identifier Print Full Name		Telephone	
Address			
City/Town		Post Code	

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Return endorsed photo to: Pesticide Safety
Department of Health (WA)
PO Box 8172
Perth Business Centre WA 6849