



**Application to Amend or Replace an Existing Licence as a Pest Management Technician**

**HEALTH ACT 1911**

**Health (Pesticides) Regulations 2011**

Please complete this form and submit together with the appropriate fees to the Department of Health.

**Licensee Name:** \_\_\_\_\_ **Lic No:** \_\_\_\_\_

**TICK ALL THE RELEVANT BOXES AND CLEARLY SPECIFY.**

- **Provide documents** such as qualifications to support your request & attach it to at the back of the application.
- Where there is insufficient space, attach a separate page to this application which must be **signed & dated**.

		<b>Specify Details to be Changed</b>	<b>\$ Fee</b>
<input type="checkbox"/>	<b>Contact Details:</b>	Mob: _____ Ph: _____	N/A
	Email: _____	Fax: _____	
	Postal Address: _____	P/C: _____	
	Residential Address: _____	P/C: _____	
	Employed by Registered Pest Business: _____	Reg No: _____	
<input type="checkbox"/>	<b>Endorsement(s):</b> (Please attach evidence of further training)	<input type="checkbox"/> <b>Change endorsement(s):</b> state reasons below &/or  <input type="checkbox"/> <b>Add endorsement(s):</b> tick all relevant boxes below <input type="checkbox"/> Commercial/Domestic Pests <input type="checkbox"/> Termites & Timber Pests <input type="checkbox"/> Sales <input type="checkbox"/> Lawns & Garden <input type="checkbox"/> Dieback Control <input type="checkbox"/> Bushland /Minesite Rehabilitation / Landscaping <input type="checkbox"/> Forestry <input type="checkbox"/> Pest & Weed Control - Non Cropping <input type="checkbox"/> Crops & Pasture <input type="checkbox"/> Turf Management <input type="checkbox"/> Feral Vertebrates <input type="checkbox"/> Feral Pigeon Control <input type="checkbox"/> Fumigation	\$20.00
<input type="checkbox"/>	<b>Restricted-Use Pesticide(s)</b> (Please attach evidence of further training where required)	<input type="checkbox"/> <b>Change restricted-use pesticide(s):</b> list below &/or  <input type="checkbox"/> <b>Add restricted-use pesticide(s):</b> list below	\$20.00



<input type="checkbox"/>	<b>Condition(s):</b> (Please attach evidence of further training where required)	<input type="checkbox"/> Amend condition(s): state reasons below &/or  <input type="checkbox"/> Remove condition(s): state reasons below	\$20.00
<input type="checkbox"/>	<b>Provisional Licensee:</b> (Complete either Section 1 or 2. Please attach evidence of further training).	<input type="checkbox"/> <b>1. Extension of Provisional Licence: OR</b>  <input type="checkbox"/> I request an extension of ____ months to complete all units of competencies in Certificate III Pest Management -Technical (Fill in estimated number of months, it cannot be greater than 12 months) &  <input type="checkbox"/> My most recent qualifications to support this request are attached &  <input type="checkbox"/> My completed original logbook showing at least 30 working days under personal supervision showing a range of treatments (where applicable) is attached &  <input type="checkbox"/> Provide reason(s) why you have been unable to complete your Certificate III within the 12 months.	<b>\$20.00 / month</b> The maximum fee for an extension for this section is \$140.00 for more than 7 months.
		<input type="checkbox"/> <b>2. Up-grade of Provisional to a Technician's Licence</b> <input type="checkbox"/> Upgrade to current expiry date <b>OR</b> <input type="checkbox"/> Upgrade licence for 12 months from current expiry date	\$20.00  \$140.00
<input type="checkbox"/>	<b>Replacement of Lost Card:</b>	<input type="checkbox"/> Statutory Declaration is attached.	\$10.00

**NOTE: IT IS A REQUIREMENT OF THE HEALTH (PESTICIDES) REGULATIONS 2011 THAT A PEST MANAGEMENT BUSINESS EMPLOY A LICENSED TECHNICIAN AT ALL TIMES.**



## 2. APPLICANT DECLARATION

Application is hereby made to amend a licence as a pest management technician under Part IV Division 2 of the *Health (Pesticides) Regulations 2011*

**YOU MUST TICK THE RELEVANT BOXES**

I, the person making this application, declare that:

**FOR PROVISIONAL LICENCES ONLY:**

I am still under personal supervision at all times. (Personal supervision is required for at least 30 working days).

**OR**

I am still under direct supervision at all times.

The most recent qualifications are attached to support the request

Completed original logbook is attached showing at least 30 working days under personal supervision and where applicable, showing a range of treatments. (Stamped logbook will be returned)

**FOR ALL PROVISIONAL AND TECHNICIAN'S LICENCES**

I have attached a separate page which has been signed and dated.

The Statement of Attainment or Qualifications from a Registered Training Organisation to amend my licence is enclosed.

A completed Statutory Declaration is attached.

The total fee(s) to be paid is the summation of all boxes ticked.

Note: Where changes to the details of a card is required a total fee of \$20.00 is payable.

The information contained in this application is true and correct in every particular.

Date\_\_/\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Application without signature will be returned

**THIS FORM MUST BE COMPLETED WITH PAYMENT & RETURNED TO PESTICIDE SAFETY  
INCOMPLETE APPLICATIONS WILL BE RETURNED**

**Application may be faxed, emailed or posted**

Fax: (08) 9382-0770

Emailed: [pesticidesafety@health.wa.gov.au](mailto:pesticidesafety@health.wa.gov.au)

Application paid by cheque or money order must be posted.

Address: Pesticide Safety

Department of Health WA

PO Box 8172

Perth Business Centre WA 6849



**3. PAYMENT OF APPLICATION FEE OPTIONS**

Fee to amend a Provisional and Pest Management Technician's licence is 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](mailto:pesticidesafety@health.wa.gov.au)  
W: [www.public.health.wa.gov.au](http://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 __/__/____	