



Photographic and Signature Identification Form

1. Applicant details

Given names		Surname	
Licence no. <i>(if known)</i>	PMT -	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
Date of birth		Work phone no	

2. Photographic and signature identification

The *Licence as a Pest Management Technician* will display a photograph of the technician and signature in digital format. Please attach at least two (2) colour photographs that meet the specifications listed below.

The photographs must be

- not smaller than 35mm x 45mm and not larger than 40mm x 50mm (ie. 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

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

Attach photographs here
Do not bend

Identifier is to sign and date the back of the photographs in ink with his /her original signature

3. Declaration to be signed by identifier

The identifier must:

- be satisfied that the photographs represent the applicant's true identity
- is to sign and date the back of the photographs in ink with his /her original signature
- witness the applicant signing the applicant's specimen signature block at section 2;
- and complete their details and sign this Declaration.

Full name of identifier			
<input checked="" type="checkbox"/> 1 box only	<input type="checkbox"/> Justice of the Peace	<input type="checkbox"/> an officer of the Queensland Health Environmental Health Branch/Public Health Units (PHU). PHU contact details can be accessed online at www.health.qld.gov.au/cho .	
	<input type="checkbox"/> Commissioner for Declarations		

I am satisfied that the specimen signature and photographs at section 2 are the applicant's true signature and identity.

Signature		Date	
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Office use only

Dept. authorising officer		Position	
Signature			
Reason for ID issue	<input checked="" type="checkbox"/> Initial Use		

SGPSS use only

ID officer	
Date of issue	
Date of expiry	
Issue No.	

Credit card payments

- This page should only be completed if payment is being made by MasterCard or Visa card (*American Express* is not available)
- Please ensure that this page is returned with the application only if paying by this method. Do not return this page if payment is being made by cheque or money order.

Name of applicant

Calculated fee payable
Insert amount at section 6

\$

1 box only

MasterCard

Visa card

Card no.

Expiry date

Name on card
(please print)

Signature
of cardholder

Date