Government of **Western Australia**
Department of **Health**

Provisional Pest Management Technician Licence Application Form PS2

Health (Pesticides) Regulations 2011

1. Applicant Contact Information (personal details only. Not employer)

First Name:	Surname:
Date of Birth:	Contact Number:
Postal Address:	
Suburb:	Postcode:
Residential Address:	
Suburb:	Postcode:
*E-mail:	
Previous Licence Number (if applicable):	Date Issued:

Email address will be used as main form of contact and for sending notifications and news unless otherwise advised

Employment status: Prior to undertaking any treatments applicants must be employed by a registered pest management business and treatments must be supervised by a full pest management technician.

☐	Looking for work
☐	Employed by the following Pest Management Business(s):

2. Licence Endorsements

I am seeking endorsement in the following **(tick all that apply).**

	Endorsement	Select		Endorsement	Select
2	Commercial / Domestic Pests (includes Sales)	☐	6	Fumigation	☐
3	Commercial / Domestic Pests, including Termites and Timber Pests (includes Sales)	☐	10	Power Poles termite treatment	☐
5	Feral Bird Control	☐			

Please ensure you attach to your application the appropriate provisional qualifications for each endorsement you select. A list of required units for each endorsement are located in the Guide to Obtaining a Pest Management Technicians Licence.

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3. Restricted Use Pesticides - Fumigants and other Scheduled Poisons

I am seeking authorisation to use the following **Restricted Use** pesticides. List all **restricted pesticides** you are qualified to use e.g. alphachloralose, dichlorvos, methyl bromide

4. Fit and Proper Person

Relevant legislation means:

- *Health (Miscellaneous Provisions) Act 1911* including *Health (Pesticides) Regulations 2011*
- *Agricultural and Veterinary Chemicals (Western Australia) Act 1995*
- Or any equivalent legislation of another State, Territory or the Commonwealth.

1. Have you ever been convicted of an offence or paid a penalty infringement notice under any provision of relevant legislation in Western Australia? Yes ☐ No ☐
2. Have you ever been refused any licence or certificate in Western Australia or any other State or Territory of Australia in relation to the application of pesticides? Yes ☐ No ☐
3. Has any licence or certificate held by you in Western Australia or any other State or Territory of Australia in relation to the application of pesticides or fumigants, ever been cancelled, suspended or revoked? Yes ☐ No ☐
4. Are there any special conditions, limitations or restrictions to which you are subject in carrying out this occupation(s) in any State or Territory? Yes ☐ No ☐

If you answered yes to any of the above questions, you must provide complete details in the space provided, detailing the specific circumstances and why these circumstances should not prevent you from holding a licence. If you have insufficient space, please attach a statement containing the required details.

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5. Licence Photo Requirements

Your Licence will display the photograph you supply in digital format. Please attach a photograph that is:

- less than 6 months old
- good quality, colour with no ink or marks on the image
- sharply focused, not blurred, unclear or with shadows
- no added filters or photoshop
- solid plain white or light background
- head and shoulders only with your face centred and looking straight at the camera
- no sunglasses or clothing (including hats) which obscure your face

6. Applicant Declaration

☑ Before lodging this application check that:

- You are at least 17 years old
- You understand you need to:
  - work under direct supervision for a minimum of 30 working days
  - work under continued supervision while holding a provisional licence
  - progress your training and maintain a logbook of treatments.
- You have attached:
  - ☐ passport sized photograph as per Section 5
  - ☐ copy of photo identification with signature (e.g. driver's licence or passport)
  - ☐ Medical Examination Form less than 6 months old completed by a Medical Practitioner (only this medical form needs to be provided)
  - ☐ Statement of Attainment from a Registered Training Organisation for the theory component of the requested licence endorsements in Section 2
  - ☐ Evidence of training, where required, in the use of restricted pesticides listed in Section 3
  - ☐ For applicants seeking endorsement in Fumigation, a first aid certificate that includes providing cardiopulmonary resuscitation.

The application fee must be paid for your application to be processed. An invoice will be forwarded to you on receipt of this application. See Section 7 for further information.

I declare that the information contained in this application is true and correct.

Signature of Applicant

Date

(NB. You can sign by using the Draw tool, or download form to sign using Adobe Reader via Digital ID or the Fill & Sign tool)

****Unsigned or incomplete applications will not be processed**

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7. Payment of Application Fee Options

Fees are reviewed annually and are listed here:
https://www.health.wa.gov.au/Articles/A_E/Application-forms-and-fees-for-pestide-licencing

****Fee payment information will be emailed to you after we receive your application.**

If payment is being made by a person other than the applicant, please provide their contact details below:

Full Name:

Email Address:

Phone Number:

*Please note, refunds for withdrawn applications prior to the issuing of a licence can only be requested by the applicant.

8. Lodging this Application and Enquiries

Email (preferred): pesticidesafety@health.wa.gov.au

Post to: Pesticide Licensing
Department of Health WA
P.O Box 8172
Perth Business Centre WA 6849

Click here to submit form by email

You can attach additional documents prior to sending

Phone: (08) 9222 2000

Website: https://www.health.wa.gov.au/Articles/N_R/Pest-industry-licensing-and-registration

ABN: 28 684 750 332

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