



Provisional Pest Management Technician Licence – Application Form PS2

Health (Pesticides) Regulations 2011

1. Applicant Contact Information		
First Name:		Surname:
Date of Birth:	Telephone:	Mobile No:
Postal Address:		
Suburb:		Postcode:
Residential Address:		
Suburb:		Postcode:
E-mail:		
<i>Email address will be used as main form of contact and for sending notifications and news unless otherwise advised</i>		
Pest Management Business(s) name: <i>Applicants must be employed by a registered pest management business who must manage and supervise the applicant's pest management treatments.</i>		
Previous Licence Number (if applicable):		Date Issued:

2. Photographic and Signature Identification	
<p>Your Licence will display the photograph you supply. Please attach a photograph that is:</p> <ul style="list-style-type: none"> • passport size - not smaller than 35mm x 45mm and not larger than 40mm x 50mm • less than 6 months old • good quality colour with no ink or marks on the image (jpg format preferred) • sharply focused, not blurred or unclear • shows front view of head and shoulders 	
<p>Applicant's specimen signature _____</p> <p>Date _____</p>	<p>Attach a copy of photo identification with signature if you are applying for the first time, i.e. passport or driver's licence.</p>

3. Licence Endorsements			
I am seeking endorsement in the following (tick all that apply) .			
Endorsement	Select	Endorsement	Select
Commercial / Domestic Pests Includes sales; lawn and garden	<input type="checkbox"/>	Feral Vertebrate Control	<input type="checkbox"/>
Commercial / Domestic Pests, including Termites and Timber Pests Includes sales; lawn and garden	<input type="checkbox"/>	Feral Pigeon Control	<input type="checkbox"/>
Power Poles termite treatment	<input type="checkbox"/>	Fumigation	<input type="checkbox"/>



4. 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

5. Fit and Proper Person

For the purposes of these questions, relevant legislation means the *Health (Miscellaneous Provisions) Act 1911*, *Agricultural and Veterinary Chemicals (Western Australia) Act 1995* and other instruments made under those Acts and 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.

6. Applicant Declaration

Before lodging this application or making a payment, check that:

- You are employed by a registered pest management business.
- 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 for the duration of the provisional licence
 - progress your training and maintain a logbook of treatments.



Check that you have attached:

- passport sized photograph
- copy of photo identification with signature (i.e. driver's licence or passport)
- [Medical Examination Form \(PDF 185KB\)](#) completed by a medical practitioner
- statement from a registered training organisation that you have completed the theory component for either unit CPPUPM3006 and/or CPPUPM3011.
- evidence of training, if required, for the use of restricted use pesticides listed in Section 4.
- for applicants seeking endorsement in fumigation: first aid course certificate that includes providing cardiopulmonary resuscitation.

I declare that the information contained in this application is true and correct and I have read [Your Guide to Obtaining a Pest Management Technicians Licence \(PDF 640KB\)](#).

Signature of Applicant

Date

Unsigned and incomplete applications will not be processed

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-pesticide-licencing.

Fee payment information will be forwarded 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:

8. Lodging this Application and Enquiries

Email or post to:

Pesticide Licensing

Department of Health WA

P.O Box 8172

Perth Business Centre WA 6849

Phone: (08) 9222 2000

You can attach additional files to your email before sending

Email: pesticidesafety@health.wa.gov.au

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

ABN: 28 684 750 332