

PEST CONTROL LICENSING IN VICTORIA

Application for a pest control licence – Technician

Office use only Licence Number: L

Applicant details

Full name:

Date of birth:

Postal address:

Postcode:

Suburb:

Phone:

Mobile:

Email address:

Employer business details

Business name:

DHHS Reg No: A

Postal address:

Postcode:

Suburb:

Phone:

Fax:

Licence authorisations

Select the authorisation you wish to have listed on your licence.

NOTE: You must attach a certified copy of the Statement Of Attainment for relevant qualifications. A certified copy means a genuine copy of the original declared to be true and correct by an authorised witness. An authorised witness can be a Justice of the peace, pharmacist, court registrar, bank manager, medical practitioner, dentist.

- Pesticides (excluding fumigants) formulated for the control of **arthropods, rodents, birds and fungi**, which are used to control pests (other than pest animals)
- Pesticides formulated for the control of **pest animals**
- Pesticides in the form of **fumigants**

Applicant declaration

I hereby apply for a pest control licence, authorising the use of pesticides nominated above. I declare that I am of sound health and I am not aware of any condition or disability that would prevent me from preparing and applying the proposed pesticides in accordance with the label directions.

Signature of applicant: Date:

Proof of age

A certified copy of one of the following forms of identification will be required to verify age:

You must attach a certified copy of the relevant forms of identification in support of your application. A certified copy means a genuine copy of the original declared to be true and correct by an authorised witness. An authorised witness can be a Justice of the peace, pharmacist, court registrar, bank manager, medical practitioner, dentist.

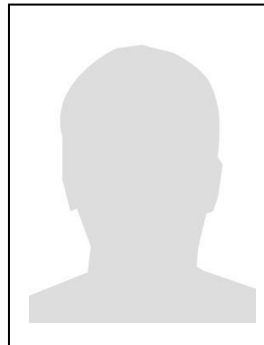
- Birth certificate
- Passport
- Adult keypass
- Licence issued under a law (e.g. Drivers licence, firearms licence)

Photo identification

Your pest control licence will display your photograph. You **MUST** include one **colour** photograph with this application.

Check that your photo is:

- full front view of head and shoulders
- not more than 6 months old
- not smaller than 35x45mm, not larger than 40x50mm
- good quality, sharply focused
- endorsed on the back of the photograph by your Identifier



"This is a true
photograph of
(your full name)"

*Identifier's
signature*

Identifier details

The person who identifies you **MUST** meet our requirements listed below.

Check that your Identifier:

- has known you for at least 12 months
- is 18 years of age or over
- has endorsed the back of the photograph by writing "**This is a true photograph of [your full name]**" followed by your Identifier's signature
- completed their details in the spaces below, and signed the declaration

Full name:

Postal address:

Postcode:

Suburb:

Date of birth:

Declaration to be signed by Identifier

I declare that I meet the requirements listed above to make this declaration, and have endorsed the back of the photograph. I am satisfied that I have known the licence holder/applicant for a period of years and months and vouch for his/her identity.

Signature of Identifier:Date:

Payment details

DO NOT SEND IN PAYMENT – You will be invoiced when your application has been assessed.

Information about fees is on the department's website at: www.health.vic.gov.au/pestcontrol

Please note that a licence cannot be issued until the prescribed fee has been received by the department.

Checklist

Before you send in application, have you attached the following:

- A certified copy of the Statement Of Attainment for relevant qualifications
- A certified copy of the relevant forms of identification in support of your application
- A colour photograph that has been signed by the identifier

Lodge your application

Note: You MUST complete all sections, or we will be unable to process your application.

Send this form with your **supporting documents** to:

Department of Health & Human Services
Registration & Licensing
GPO Box 4057
Melbourne VIC 3001

Telephone: 1300 767 469
Email: pestcontrol@dhhs.vic.gov.au

Your privacy

The Department of Health & Human Services (the department) is bound by Victoria's privacy laws, including the *Information Privacy Act 2000*. We will use the information provided by you on this form to assess your application. If you do not provide us with this information, we may not be able to assess your application. It is an offence for a person to use a pesticide in the course of the business of a pest control operator without an appropriate licence.

You have the right under FOI legislation to apply for access to, and correction of, your personal information held by the department. For more information about how to make a request, please visit the department's FOI website at <http://www.health.vic.gov.au/foi/> or call (03) 9606 8449.

The department encourages members of the public to make sure when they are selecting a pest control service that the person they hire has a current licence to use pesticides. The department will therefore verify on request whether a particular person holds a current licence to use pesticides, and the types of pesticides the person is authorised to apply. The department publishes consumer information on our website, which includes a list of all licence holders by name, licence number, expiry date, licence authorisation and licence status.