

PEST CONTROL LICENSING IN VICTORIA

Application for a pest control licence – Trainee

For office use only Licence Number: L

Applicant details

Full name:	Date of birth:	
Postal address:	Postcode:	
Suburb:	Phone:	Mobile:
Email address:		

Licence authorisations

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

(NOTE: Your nominated supervisor must be an authorised user of these pesticides)

- 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**

Training declaration

I hereby certify that I will be enrolled, or undertaking training, in the following unit/s of competency during the currency of this licence:

- Units 5, 6 and 18 of Certificate III in Asset Maintenance (Pest Management – Technical)
- A prescribed unit of competency for pest animal control as specified in Schedule 3 of the *Public Health and Wellbeing Regulations 2009*
(please specify):
- Unit 11 of Certificate III in Asset Maintenance (Pest Management – Technical)

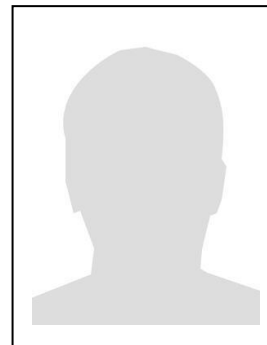
Signature of applicant: Date:

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:

Proof of age

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

NOTE: You must attach a certified copy of the relevant form 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.

- | | |
|---|--|
| <p>16 – 17 years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Written statement by a principal officer confirming attendance at educational institution on a letter head of that institution | <p>18+ years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Adult Keypass <input type="checkbox"/> License issued under a law (e.g. Drivers licence, firearms licence) |
|---|--|

Employer business details

Business name: DHHS Reg No: A

Postal address: Postcode:

Suburb: Phone: Fax:

Supervisor details

Name of supervisor(s):

DHHS Licence No(s):

Declaration to be signed by supervisor

I hereby certify that the trainee applicant will apply pesticides under the supervision of a licensed pest control operator, who is authorised to use the pesticides to which this application relates.

Signature of supervisor: 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 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 and 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.