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| Pest Control Licence Application - Technician |
| |  |  |  | | --- | --- | --- | | **Applicant details** | | | | Full name: | | Date of birth: | | Postal address: | | Postcode: | | Suburb: | Phone: | Mobile: | | Email address: | | | | **Employer business details** | | | | Business name: | | | | DH 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 copy of the Statement of Attainment for relevant qualifications.   |  | | --- | | * Pesticides (excluding fumigants) formulated to control pests (including birds and rodents) other than pest animals and timber pests [‘general authorisation (excluding timber pests)’] | | * Pesticides (excluding fumigants) formulated to control pests (including birds, rodents and timber pests) other than pest animals [‘general authorisation (including timber pests)’] | | * Pesticides formulated to control pest animals and to protect: an area in a building used for commercial purposes; or domestic premises; or privately owned land adjacent to domestic premises [‘pest animal authorisation’] | | * Pesticides in the form of fumigants [‘fumigant authorisation’] | | | | | *Information about the units of competency required for each licence authorisation is listed on the department’s website at:* [*Public Health and Wellbeing Regulation 2019 - health.vic*](https://www2.health.vic.gov.au/public-health/environmental-health/pesticide-use-and-pest-control/legislation-and-licensing-pest-control/public-health-wellbeing-regulation-2019) | | | | **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: | | | |
| |  |  | | --- | --- | | **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 * taken against a plain, light coloured background | | | **Identifier details** | | | Your photograph must be endorsed by your nominated Identifier. 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 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 endorse the attached photo as a true photograph of ……………………………………………………………(full name of licence holder/applicant).  I am satisfied that I have known the licence holder/applicant for a period of …… years and …… months and vouch for their identity.  Signature of Identifier: Date: | | | **Proof of age** | | | A copy of one of the following forms of identification will be required to verify age:   * Passport * Adult Keypass * Licence issued under a law (e.g. Drivers licence, firearms licence) | | | **Payment details** | | | | | **DO NOT SEND IN PAYMENT** – You will be sent a request for payment once your application has undergone a preliminary assessment. Please note that a licence cannot be issued until the prescribed fee has been received by the department.  Information about fees is on the department’s website at: [Pest control licence applications (health.vic.gov.au)](https://www.health.vic.gov.au/environmental-health/pest-control-licence-applications) | | | | | **Checklist** | | | | Before you send in application, have you attached the following:   |  | | --- | | * A copy of the Statement of Attainment with relevant units of competency | | * A copy of the relevant forms of identification in support of your application | | * A colour photograph | | | | | **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:  pesticidesafety@health.vic.gov.au | | |   **Your privacy**  The Department of Health (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 pest control licence. The department will therefore verify on request whether a particular person holds a current pest control licence, 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. |