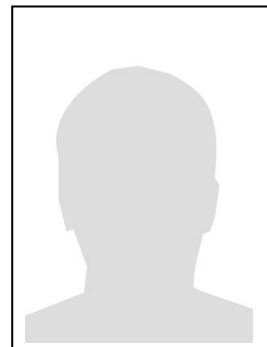


Pest Control Licence Application - Trainee

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		
<input type="checkbox"/> Pesticides (excluding fumigants) formulated to control pests (including birds and rodents) other than pest animals and timber pests ['general authorisation (<u>excluding timber pests</u>)']		
<input type="checkbox"/> Pesticides (excluding fumigants) formulated to control pests (including birds, rodents and timber pests) other than pest animals ['general authorisation (<u>including timber pests</u>)']		
<input type="checkbox"/> 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']		
<input type="checkbox"/> Pesticides in the form of fumigants ['fumigant authorisation']		
Training declaration		
I hereby certify that I will be enrolled, or undertaking training, in the following unit/s of competency (or equivalent) during the currency of this licence:		
<input type="checkbox"/> CPPPMT3005, CPPPMT3006 and CPPPMT3018 (for general authorisation <u>excluding</u> timber pests)		
<input type="checkbox"/> CPPPMT3005, CPPPMT3006, CPPPMT3008, CPPPMT3010 and CPPPMT3018 (for general authorisation <u>including</u> timber pests)		
<input type="checkbox"/> AHCCHM304, AHCCHM307 and AHCPMG309 (for pest animal authorisation)		
<input type="checkbox"/> CPPPMT3011 (for fumigant authorisation)		
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:		
<ul style="list-style-type: none">• 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 a 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:

Address:

Post code:

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 ofyears andmonths 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:

16 – 17 years:

- ☐ Passport
- ☐ Learner's driving permit
- ☐ Student card

18+ years:

- ☐ Passport
- ☐ Adult Keypass
- ☐ License issued under a law (e.g. Drivers licence, firearms licence)

Employer business details

Business name:

DH Reg No: A

Postal address:

Postcode:

Suburb:

Phone:

Supervisor details

Name of supervisor(s):

DH 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 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
Checklist
Before you send in your application, check have you done the following:
<input type="checkbox"/> Correctly completed all sections of this form including the photo Identifier details <input type="checkbox"/> Attached a relevant form of identification in support of your application <input type="checkbox"/> Attached a photograph that meets the specified requirements
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 & 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 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