



Application to Chief Executive Licence as a Pest Management Technician

(please refer to the **Fact sheets** at the back of this form when completing this application)

Licence no:

Receipt no:

Client no:

1. Applicant details

Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
---	--	--	--

The licence will be issued in the names recorded above

Date of birth		Birthplace	Town	
			Country	
Residential address	Property name			
	Unit / House no	Street name		
	Suburb / Town	State	P'code	
Telephone <i>(home)</i>		Mobile		
Postal address <i>(for all correspondence)</i>				

2. Employment details

Are you:

1 box only

self employed in the pest management industry (run your own business).

employed as a business partner in the pest management industry.

employed by a company in the pest management industry (includes government agencies).

not working in the pest management industry.

A	Company name	
B	ACN	
C	Business name	
D	Bus. partner names	

3. Business address

Street address			
Postal address			
Contact person		Telephone <i>(not mobile)</i>	
E-mail address		Contact by E-mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax			

4. Storage premises of pesticides / fumigants

Business name	
Street address	
Telephone <i>(not mobile)</i>	

5. Term of licence

1 year \$241.50 2 years \$373.50 3 years \$505.50 4 years \$637.50 5 years \$769.50

6. Payment of fees

Total fee payable

\$

▶ Refunds – See *Fact Sheet* Tick if receipt required

1 box only

Cheque or Money Order enclosed (*payable to Queensland Health*)

Payment by Credit Card (*see last page*)

Note: This is a GST free item. Queensland Health ABN 66 329 169 412

7. Type of pest management activity

▶ **Qualifications - See *Fact Sheet* for attachments**

(a) Pest control activity

Excluding timber pest activity

Including timber pest activity

(b) Fumigation activity

▶ **Qualifications - See *Fact Sheet* for attachments includes requirement for Declaration of Assessment**

The Declaration of Assessment is completed and issued by the assessor engaged and authorised by a registered training organisation, to issue a Declaration of Assessment. The Declaration of Assessment is the assessor's testimony stating that the applicant has been assessed in and is competent to perform a fumigation of the specific site environment/s nominated in this application. Assessment involves the applicant actually performing a fumigation of the site environment in the presence of the assessor.

Site environments

aircraft

building

burrows

chamber

container

ship hold

silo

soil

stack

small ship afloat
(excluding ship hold)

other: please specify:

8. Disclosure

Have you -

- been convicted of an indictable offence? Yes No
(Drink driving and minor traffic offences need not be disclosed)
- been convicted of an offence against the *Pest Management Act 2001*, *Pest Management Regulation 2003* or a repealed provision or a corresponding law? Yes No
- been convicted of an offence relating to a pest management activity against the:
 - (i) *Workplace Health and Safety Act 1995* Yes No
 - (ii) another law applying or that applied in the State, Commonwealth, another State or a foreign country? Yes No
- held a licence or a pest management authority under the *Pest Management Act 2001* or a repealed provision or a corresponding law that was suspended, cancelled or had a condition or any other action imposed upon it? Yes No
- been subjected to disciplinary action relating to a pest management activity under the repealed *Section 101* of the *Queensland Building Services Authority Act 1991* or the repealed *Part 5 Division 3* of the *Queensland Building Tribunal Act 2000* or *Part 6 Division 2* of the *Consumer Tribunal Act 2003*? Yes No
- previously held a pest management technician or pest control operator licence issued by any State or Territory Yes No
- previously held in another name a pest management technician or pest control operators licence issued by any State or Territory Yes No

If you answered YES (other than for a spent conviction), please attach documentation that provides details of the suspension, cancellation, imposed condition, nature of the offence and the circumstances of its commission and otherwise the name change/s or previously held licence/s details.

Definitions

'repealed provision' means the *Health Act 1937*, *Part 4 Division 7* of the *Health Regulation 1996*, *Part 10* or *12* as in force before its omission by this Act.

'corresponding law' means a law applying, or that applied under a pest management authority in another State, the Commonwealth or a foreign country that provides, or provided for the same matter as this Act or a provision of this Act.

'spent conviction' means a conviction –

- (a) for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired under that Act; and
- (b) that is not revived as prescribed by *section 11* of that Act.

9. Declaration

I apply for a *Licence as a Pest Management Technician* in relation to the activity stated above. I enclose the prescribed fee stated at section 6.

• I have the physical capacity to carry out a pest management activity. Yes No

• I have the mental capacity to carry out a pest management activity. Yes No

• I declare that the information stated by me on this application form is true and correct.

N.B. For quality assurance purposes, criminal history checks may be undertaken of a sample of applicants who have declared that they have no criminal history. Yes No

I consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory, Commonwealth or foreign country regarding my activities as a pest management technician and any other matters relevant to this application. Yes No

<i>Signature</i>		<i>Date</i>	
------------------	--	-------------	--