



Notice to Chief Executive - Licence as a Pest Management Technician in Queensland (Mutual Recognition)

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

This notice must be used by persons seeking a licence as a pest management technician in Queensland under the mutual recognition principle.

Licence no:

Receipt no:

Client no:

Notice

I seek to be licensed as a pest management technician in Queensland in accordance with the mutual recognition principle.

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	
Private postal address <i>For all correspondence</i>			

2. Employment details

Are you:

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

1 box only employed as a business partner in the pest management industry

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

not working in the pest management industry

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

3. Business / company address

Street address			
Postal address			
Contact person		Telephone <i>(not mobile)</i>	
E-mail address		Contact by E-mail? <input type="checkbox"/> Y <input type="checkbox"/> N	
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

Fee payable	\$	▶ Refunds – See <i>Fact Sheet</i>	<input type="checkbox"/> Tick if receipt required
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- 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. Declaration – registration / licence document

I certify that the registration/licence document
(Full name – please print)
accompanying this Notice is the

- original document
 a complete and accurate copy of the original document

(PLEASE MARK ONE BOX ONLY)

8. Type of activity (Indicate by X each activity for which application is being made)

Note: A certified photocopy of your current interstate licence/s must support each nominated activity.

Pest control activity

- Excluding timber pest activity Including timber pest activity N.B. Marking this box, indicates you are competent and experienced in controlling the pests of timber, including termites.

NB Refer to information at question 8 of the Fact Sheet Application Guide.

Details of interstate licensing in pest control activity

Specify all the States / Territories where you currently hold or previously held a licence in pest control activity.

State / Territory	Licence no.	From date	To date	Current
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Conditions

Are there any conditions, limitations, suspensions, prohibitions or restrictions that apply to your licence in any State or Territory?

- No Yes (Please provide details below)

State / Territory	Licence no.	Conditions

Fumigation activity

Site environments Marking any of these site environments indicate that you are competent and experienced in fumigating the selected site environments. In addition, you must demonstrate a need for each site environment to be included on your licence. **N.B. REFER TO INFORMATION AT QUESTION 8 OF THE FACT SHEET APPLICATION GUIDE.**

- aircraft building burrows chamber container
- ship hold silo soil stack small ship afloat (excluding ship hold)
- other: please specify:

Details of interstate licensing in fumigation activity

Specify all the States / Territories where you currently hold or previously held a licence in fumigation activity.

State / Territory	Licence no.	From date	To date	Current
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Conditions

Are there any conditions, limitations, suspensions, prohibitions or restrictions that apply to your licence in any State or Territory?

- No Yes (Please provide details below)

State / Territory	Licence No.	Conditions

9. Disclosure

Have you:

- been convicted of an indictable offence?
(Drink driving and minor traffic offences need not be disclosed) Yes No
- 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.
- 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*
 - (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*, 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 a State or Territory? Yes No
- previously held in another name a pest management technician or pest control operator licence issued by a State or Territory? Yes No
- Are you the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to pest management activities? Yes No
- Are you personally prohibited from performing pest management activities in any State or Territory and are not subject to any special conditions in carrying on pest management activities, as a result of criminal, civil or disciplinary proceedings in 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.

10. Queensland statutory declaration

Oaths Act 1867

QUEENSLAND
TO WIT

I
(Full Name)

of
(Address)

In the State of Queensland do solemnly and sincerely declare that

- (1) the statements and information in this Notice to the Chief Executive – Licence as a Pest Management Technician in Queensland (Mutual recognition) are correct,
- (2) I give consent to the making of enquiries of, and the exchange of information with, the authorities of any State regarding my activities in the relevant occupation or occupations or otherwise regarding matters relevant to the notice.

And

I make this solemn declaration conscientiously believing the same to be true, and by the provision of the *Oaths Act 1867*.

Signature of declarant

*Taken and declared before
me at*

This day of 20....., before me.

Signature of Witness

▶ Witness – See Fact Sheet

Printed name of witness

Mr Ms Dr
 Mrs Miss

In accordance with the Queensland *Oaths Act 1867* the following people may witness a Statutory Declaration:

- 1 box only* Justice of the Peace
 Commissioner for Declarations

11. Important notice

Conducting a business in Queensland under relevant State legislation is subject to the payment of relevant fees and compliance with other requirements as applicable, eg. registration of business name, approval of trading premises, insurance, WorkCover etc.

Credit card payments

- This page should only be completed if payment is being made by MasterCard or Visa card (*American Express* is not available).
- Please ensure that this page is returned with the application only if paying by this method. Do not return this page if payment is being made by cheque or money order.

Name of applicant			
Calculated fee payable <i>Insert amount at section 6</i>	\$		
<input checked="" type="checkbox"/> 1 box only	<input type="checkbox"/> MasterCard		
	<input type="checkbox"/> Visa Card		
Card no.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	/	<input type="text"/>
Name on card <i>Please print</i>			
<i>Signature</i> of cardholder		<i>Date</i>	