



Application to Amend, Replace or Extend a Technicians Licence

Health (*Pesticides*) Regulations 2011

Name of Licence holder: _____ Licence No: _____

I am applying to (tick all that apply):

- Amend (includes upgrading from provisional licence) Replace a lost Licence
 Extend a provisional licence

1. Applicant Details and Proposed Amendments

Tick boxes that apply and please PRINT clearly			Fee
<input type="checkbox"/>	Contact Details:	Mob: _____ Ph: _____	NA*
	Email:	_____	
	Postal Address:	_____ P/C: _____	
	Residential Address:	_____ P/C: _____	
	Employed by Registered Pest Business:	DOH Registration No: _____	
<input type="checkbox"/>	Endorsement (s)	<p>List endorsement(s) to Remove:</p> <hr/> <p>Tick endorsement(s) to Add:</p> <input type="checkbox"/> Bushland /Mine site Re-habilitation / Landscaping <input type="checkbox"/> Commercial/Domestic Pests <input type="checkbox"/> Crops & Pasture <input type="checkbox"/> Dieback Control <input type="checkbox"/> Feral Pigeon Control <input type="checkbox"/> Feral Vertebrates <input type="checkbox"/> Forestry <input type="checkbox"/> Fumigation	FA*



		<input type="checkbox"/> Lawns & Garden <input type="checkbox"/> Pest & Weed Control – Non Cropping <input type="checkbox"/> Sales <input type="checkbox"/> Termites & Timber Pests <input type="checkbox"/> Turf Management	
<input type="checkbox"/>	Restricted Use Pesticide(s)	<input type="checkbox"/> List restricted-use pesticide(s) to Remove	FA*
		<input type="checkbox"/> List restricted-use pesticide(s) to Add	

<input type="checkbox"/>	Condition(s):	<input type="checkbox"/> List Condition(s) to amend and reason for seeking amendment	FA*
<input type="checkbox"/>	Extend a Provisional Licence	<input type="checkbox"/> I request an extension of _____ months Important Information: Extensions cannot be granted for more than 12 months. You cannot hold a provisional licence for more than 3 years. Therefore ensure you complete your training within 3 years.	FA*
	Upgrade from a provisional Licence to a Technicians Licence	<input type="checkbox"/> Upgrade to current expiry date OR <input type="checkbox"/> Upgrade licence for 12 months from current expiry date	FA*
<input type="checkbox"/>	Replace a Lost Card:	You will need to provide a new photo if the photo on your licence has not been replaced in the past 5 years.	FA*

* NA – not applicable FA – Fee applies - refer to fees page on our website



2. Check List and Applicant Declaration

☑ Before lodging this application or making a payment, use this checklist to ensure it is complete – Tick all the relevant boxes

- As a provisional technician I understand that I am bound by the terms and conditions as set out in the *Health (Pesticide) Regulations 2011 S 35* (refer to the Guide for Obtaining a Pest Management Technicians Licence in WA).
- The Statement of Attainment or Qualifications from a Registered Training Organisation to amend my licence is enclosed.
- The total fee(s) to be paid is the sum of all boxes ticked in column one where fees apply.

I, the person making this application, declare that the information contained in this application is true and correct:

_____ Date_ _/ _/ _ _ _ _

Signature of Applicant

Unsigned and incomplete applications will be returned unprocessed

3. Payment of Application Fee Options

Fees are reviewed annually and subject to change. **Refer to the fees page on our website for the amount.** Fees to amend a Provisional and Pest Management Technician’s licence are not subject to GST.

Please tick your chosen payment option

By Cheque / Money Order

By Credit Card

Please charge my MasterCard Visa

Card No Card Expiry Date

Cardholder’s Name (please print) _____

Cardholder’s Signature _____ Amount Paid \$ _____



By Direct Deposit

- Quote your full name.
- Use BSB Number 066-040 and account number 133 000 18.
- **ATTACH COPY OF PAYMENT CONFIRMATION WITH THIS APPLICATION.**

Licence Number

Applicant's Name:

Receipt Email Address:

4. Lodging this Application and Enquiries

Ensure you provide any documents required to support your request and attach them to the back of the application. Where there is insufficient space, attach a separate page to the application with your name and signature.

This Application form must be signed, dated, and returned intact with payment.

Post to:

Environmental Health Directorate - Pesticide Safety

Department of Health WA

P.O Box 8172

Perth Business Centre WA 6849

Phone: (08) 9222 2000

Email: pesticidesafety@health.wa.gov.au

Website: www.public.health.wa.gov.au

ABN: 28 684 750 332

Office Use Only

Licence No.		Date of Expiry __/__/____	
<input type="checkbox"/> Recommended for Approval		<input type="checkbox"/> NOT recommended for Approval	
Name Dept. Officer	Sign	Date __/__/____	
<input type="checkbox"/> Approved		<input type="checkbox"/> NOT Approved	
Name Dept. Authorised Officer	Sign	Date __/__/____	