



Application for a Provisional Pest Management Technician Licence

Health (Pesticides) Regulations 2011

1. Applicant Contact Details			
First Name:		Surname:	
Date of Birth:	Telephone:	Mobile No:	
Postal Address:			
Suburb:		Postcode:	
Residential Address:			
Suburb:		Postcode:	
E-mail Address:			
Name of Pest Management Business Employed by:			

2. Licence Endorsements

I have completed the prerequisite unit CPPPMT3006 from the Certificate III in Urban Pest Management from an approved training organisation and:

I am enrolled in the following course (tick one)

Certificate III in Urban Pest Management	
Commercial / Domestic Pests	<input type="checkbox"/>
Commercial / Domestic Pests + Termites and Timber Pests	<input type="checkbox"/>



The prerequisite unit CPPPMT3006 also satisfies the training requirements for the following two endorsements. If you wish to have these added to your licence tick one or both boxes.

Optional Endorsements – tick all that apply	
Lawn and Garden	<input type="checkbox"/>
Sales	<input type="checkbox"/>

3. Restricted Use Pesticides – Scheduled Poisons

I am seeking authorisation to use the following Restricted Use Pesticide.
List all pesticides you are qualified to use e.g. alphachloralose, dichlorvos, methyl bromide

4. Fit and Proper Person

For the purposes of these questions, relevant legislation means the *Health (Miscellaneous Provisions) Act 1911*, *Agricultural and Veterinary Chemicals (Western Australia) Act 1995* and other instruments made under those Acts and any equivalent legislation of another State, Territory or the Commonwealth.

- Have you ever been convicted of an offence or paid a penalty infringement notice under any provision of relevant legislation in Western Australia? Yes No
- Have you ever been refused any licence or certificate in Western Australia or any other State or Territory of Australia in relation to the application of pesticides? Yes No
- Has any licence or certificate held by you in Western Australia or any other State or Territory of Australia in relation to the application of pesticides or fumigants, ever been cancelled, suspended or revoked? Yes No
- Are there any special conditions, limitations or restrictions to which you are subject in carrying out this occupation(s) in any State or Territory? Yes No



If you answered yes to any of the above questions, you must provide complete details in the space provided, detailing the specific circumstances and why these circumstances should not prevent you from holding a licence. If you have insufficient space, please attach a statement containing the required details.

5. Applicant Declaration

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

- I am 17 years of age, or older.
- I am employed by a registered pest management business.
- I will be under personal supervision for a minimum of 30 working days during my probationary period.
- I have attached an **endorsed** current colour passport sized photograph to my Photographic and Signature Identification Form (attached).
- I have attached a Statement of Attainment or Qualification for each requested Restricted Use Pesticide.
- I have attached a Statement of Attainment or Qualification for unit CPPPMT3006.
- The prescribed fee is enclosed with this application. Refer to the fees page for the correct amount to be paid.
- I have attached the medical examination form completed by my medical practitioner.

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

Signature of Applicant

Date __/__/____

Unsigned and incomplete applications will be returned unprocessed



5. Payment of Application Fee Options

Fees are reviewed annually and subject to change. Refer to the fees page for the amount.

Please tick the appropriate 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 \$ _____

6. Lodging this Application and Enquires

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

Post to:

Pesticide Safety Program

Department of Health WA

PO Box 8172

Perth Business Centre WA 6849

Email: pesticidesafety@health.wa.gov.au

Website: <https://ww2.health.wa.gov.au/>

ABN: 28 684 750 332

Phone: (08) 9222 2000

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 __/__/____



Photographic and Signature Identification Form

Name of Applicant: _____ Licence No : _____ (if applicable)

1. Photographic and Signature Identification

Your **Pest Management Technician Licence** will display the photograph you supply in digital format. Please attach a **current** colour photograph that meet, the specification below.

The photograph must be

- No smaller than 35mm x 45mm and no larger than 40mm x 50mm (i.e. passport size)
- Not more than 6 months old
- Good quality colour with no ink or marks on the image
- Sharply focused, not blurred or unclear
- Full front view of head and shoulders



Attach endorsed photograph here
using adhesive tape only

Applicant's specimen signature _____

(must be signed in the presence of a person able to witness statutory declarations)

Date __ / __ / ____

2. To be signed by a person eligible to witness statutory declarations

The witness must:

- Be satisfied that the current photograph represents the applicants true identity
- Witness the applicant signing the applicants specimen signature block section **(1)** and
- **Enter their details SIGN this declaration and ENDORSE the back of the photograph.**

Witness

Please tick	<input type="checkbox"/> Justice of the Peace	<input type="checkbox"/> Public Servant
<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Local Government officer or Councillor
<input type="checkbox"/> School Teacher	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Post Master (fee may apply)

I am satisfied that the specimen signature and coloured sized photograph are the applicant's true signature and identity.

Witness Signature		Date	__ / __ / ____
Witness Print Full Name		Telephone	
Address			



Confidential medical examination form for pest management technician

Information for examining doctor

Under the *Health (Pesticides) Regulations 2011* (the Regulations), a person must be medically fit to be licenced as a pest management technician.

During their employment in the Pest Management Industry, technicians will be exposed daily to a variety of pesticides in poisons schedules 4 to 7.

There is a growing body of evidence that even low level exposure to some pesticides leads to long term harm when best practice is not used when handling pesticides. Accidental mishandling of dangerous pesticides can lead to loss of life for the operator, bystanders and the public.

The tasks of the job require that the technician is physically fit to:-

- work in ceiling spaces and under building crawl spaces if required.
- lift and carry up to 15 kg of equipment.
- Read and understand labels on pesticide containers.
- Operate hand held and mechanical spraying equipment.
- Wear a tightly fitting respirator mask; or a self-contained breathing apparatus if required.

An applicant with any current systemic or focal condition may not be medically fit to work as a pest management technician if there is a concern of sudden medical incapacity or disablement due to :-

- a skeletal condition
- a neurological condition
- a respiratory condition - An applicant with an FEV1/FVC ratio <65% will require careful consideration before certifying as fit.
- a metabolic or endocrine condition
- a skin condition – inflamed and broken skin of any cause should be resolved before certifying as fit.
- Poor visual acuity - monocular vision may be permissible if there is normal peripheral vision in that eye. If the applicant cannot meet 6/12 or N6 binocular (with correction) then consideration should be given to an optometry referral with subsequent reassessment.
- Poor aural acuity - reasonable hearing is required in normal operations including communicating by radio and in an emergency. In the event of concern about an applicant's ability to hear spoken words in the doctor's surgery a pure-tone audiogram and/or an audiology assessment should be arranged. An average threshold poorer than 40dB in each ear in the range 0.5 – 2.0 kHz may be disqualifying unless adequate aids are worn.

Information for the applicant

Attach the completed form to your licence application.



Confidential Medical Examination Form for Pest Management Technician

Applicant to complete

Surname:		Given name(s):	
Gender:		Date of Birth:	
Address:			
Mobile:		Telephone:	
Employer:			

Examining doctor to complete

I have read the "Information for Examining Doctor" and examined _____
(applicant name)

in relation to their safety to work as an occupational pest management technician.

I certify that he / she: *(check boxes below)*

Yes No

is able to perform heavy physical work carrying equipment in uncontrolled environments

is able to wear self-contained breathing apparatus, if required

is able to work in a confined space, if required

is able to manage any medical condition that will impact their health and safety in this role

overall is considered fit to be a pest management technician

Date of Examination: _____

Medical Practitioner's Name: _____

Registration/Provider #: _____

Signature: _____

Address: _____

Telephone: _____ Email: _____

Environmental Health Directorate - Pesticide Safety

Department of Health (WA)
PO Box 8172
Perth Business Centre WA 6849
(08) 9222 2000
pesticidesafety@health.wa.gov.au
<https://ww2.health.wa.gov.au/>