



# Pest Management Technician Licence Application Form PS1

*Health (Pesticides) Regulations 2011*

*If you need a provisional licence use form PS2*

## 1. Applicant Contact Information (personal details only. Not employer)

|   |  |                 |  |
|---|--|-----------------|--|
| First Name:   |  | Surname:        |  |
| Date of Birth:  |  | Contact Number: |  |
| Postal Address:   |  |                 |  |
| Suburb:   |  | Postcode:       |  |
| Residential Address:  |  |                 |  |
| Suburb:   |  | Postcode:       |  |
| *E-mail:  |  |                 |  |
| Previous Licence Number (if applicable):  |  | Date Issued:    |  |
| <i>*Email address will be used as main form of contact and for sending notifications and news unless otherwise advised</i>        |  |                 |  |
| <b>Employment status</b> Prior to undertaking any treatments applicants must be employed by a registered pest management business |  |                 |  |
| <input type="checkbox"/>  | Looking for work                                       |                 |  |
| <input type="checkbox"/>  | Employed by the following Pest Management Business(s): |                 |  |

## 2. Licence Endorsements

I am seeking endorsement in the following (tick all that apply).

| Endorsement |  | Select                   | Endorsement |  | Select                   |
|-------------|--|--------------------------|-------------|--|--------------------------|
| 1           | Sales  | <input type="checkbox"/> | 6           | Fumigation   | <input type="checkbox"/> |
| 2           | Commercial/Domestic Pests  | <input type="checkbox"/> | 7           | Vegetation Management (mechanical spray equipment)   | <input type="checkbox"/> |
| 3           | Commercial / Domestic Pests, including Termites and Timber Pests | <input type="checkbox"/> | 8           | Dieback control                                      | <input type="checkbox"/> |
| 4           | Feral Vertebrate Control (excluding pigeons)                     | <input type="checkbox"/> | 9           | Basic Weed Control (Handheld and backpack equipment) | <input type="checkbox"/> |
| 5           | Feral Bird Control   | <input type="checkbox"/> | 10          | Termite treatment of power poles                     | <input type="checkbox"/> |



Please ensure you attach to your application the appropriate qualifications for each endorsement you select. A list of required units for each endorsement are located in the [Guide to Obtaining a Pest Management Technicians Licence](#).

### 3. Restricted Use Pesticides - Fumigants and other Scheduled Poisons

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

### 4. Fit and Proper Person

Relevant legislation means:

- *Health (Miscellaneous Provisions) Act 1911* including *Health (Pesticides) Regulations 2011*
- *Agricultural and Veterinary Chemicals (Western Australia) Act 1995*
- Or any equivalent legislation of another State, Territory or the Commonwealth.

1. Have you ever been convicted of an offence or paid a penalty infringement notice under any of the above legislation in Western Australia? Yes  No
2. 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
3. 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
4. Are there any special conditions, limitations or restrictions you are subject to 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. Licence Photo Requirements

Your Licence will display the photograph you supply in digital format. Please attach a photograph that is:

- less than 6 months old
- good quality, colour with no ink or marks on the image
- sharply focused, not blurred, unclear or with shadows
- no added filters or photoshop
- solid plain white or light background
- head and shoulders only with your face centred and looking straight at the camera
- no sunglasses, hats or clothing which obscures your face

## 6. Applicant Declaration

Before lodging this application check that:

- You are 18 years of age (17 years of age for sales only), or older.
- You have attached:

★ For previous licence holders - these items need to be resubmitted if >5 years old

- passport sized photograph as per Section 5
- copy of photo identification with signature (e.g. driver's licence or passport)
- [Medical Examination Form](#) less than 6 months old completed by a Medical Practitioner (only this medical form needs to be provided)
- Statement of Attainment from a Registered Training Organisation for the requested licence endorsements in Section 2
- Evidence of training, where required, in the use of restricted pesticides listed in Section 3
- For applicants seeking endorsement in Fumigation, a first aid certificate that includes providing cardiopulmonary resuscitation.

The application fee must be paid for your application to be processed. An invoice will be forwarded to you on receipt of this application. See Section 7 for further information.

**I declare that the information contained in this application is true and correct.**

Signature of Applicant

Date

**\*\*Unsigned or incomplete applications will not be processed**



## 7. Payment of Application Fee Options

Fees are reviewed annually and are listed here:

[https://www.health.wa.gov.au/Articles/A\\_E/Application-forms-and-fees-for-pesticide-licensing](https://www.health.wa.gov.au/Articles/A_E/Application-forms-and-fees-for-pesticide-licensing)

**Fee payment information will be emailed to you after we receive your complete application.**

If payment is being made by a person other than the applicant, please provide their contact details below:

Full Name:

Email Address:

Phone Number:

**Please note, refunds for withdrawn applications prior to the issuing of a licence can only be requested by the applicant.**

## 8. Lodging this Application and Enquiries

**Email (preferred):** [pesticidesafety@health.wa.gov.au](mailto:pesticidesafety@health.wa.gov.au)

Post to: Pesticide Licensing  
Department of Health WA  
P.O Box 8172  
Perth Business Centre WA 6849

You can attach additional documents prior to sending

Phone: (08) 9222 2000

Website: [https://www.health.wa.gov.au/Articles/N\\_R/Pest-industry-licensing-and-registration](https://www.health.wa.gov.au/Articles/N_R/Pest-industry-licensing-and-registration)

ABN: 28 684 750 332