



Controlled Substances (Pesticides) Regulations, 2017

APPLICATION TO UPGRADE TO A FULL PEST MANAGEMENT TECHNICIAN'S LICENCE

This licence is **exempt** from the Goods and Services Tax (GST)

SA Health ABN: 97 643 356 590

Full Name: _____ Licence No: _____

Physical Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Postal Address: _____

Post Code: _____

Employer's Name: _____ Licence No: _____

Courses completed

Please tick relevant boxes & attach copies of results

- Manage Pests by Applying Pesticides; Maintain Equipment and Pesticide Storage Area in Pest Management Vehicle
- Prepare and Apply Chemicals; Transport Handle and Store Chemicals
- Manage Pests Without Applying Pesticides
- Inspect For and Report on Timber Pests
- Control Timber Pests
- Manage Organisms by Applying Fumigants to Commodities and Environments
- Control Weeds
- Control Plant Pests Diseases and Disorders
- Apply Chemicals and Biological Agents
- Monitor and Control Vine Disorders and Damage
- Assist in the Implementation of Legislation
- Vertebrate Pest Control (Implement a Pest Control Program; Apply Animal Trapping Techniques; Recognise Fauna; Develop a Pest Management Action Plan in Local Area)

Declaration by Applicant

I hereby apply for my limited pest management technician's licence to be upgraded to a full licence. I declare that I have completed the prescribed course of training and on-job competency assessments (where applicable), and supporting documents are attached.

Please tick Statement of Attainment On-job competency assessment (where applicable)

Date: _____ Signature of Applicant: _____ Fee payable: _____

Note: It is an offence under the Pesticide Regulations to make a false or misleading statement in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided under these Regulations.

Maximum penalty : \$5,000.

FEES

Effective from 1/7/2020 to 30/6/2021

For a period of: 1 year \$86.50 OR 3 years \$260.00

Please contact us to discuss a fee reduction if your Limited Pest Management Technician's licence has not yet expired

Return the form to **SA Health** using one of these methods:

- Fax: 8226 6681;
- Email: HealthControlledSubstances@sa.gov.au;
- Post: CONTROLLED SUBSTANCES LICENSING
PUBLIC HEALTH
PO BOX 6
RUNDLE MALL 5000;

Pay the required fee using one of these methods:

- Credit Card (Visa/Mastercard only)**
Available online at: <https://www.bpoint.com.au/pay/sahealth/>
Billor Code: 1355973
Reference: NEW
- Money Order**
- Cheque** made payable to SA Health.

Licence fees are not refundable except at the discretion of the licensing authority

If you have any enquiries, please phone Controlled Substances Licensing on (08) 8226 7100

OFFICE USE ONLY

GRANTED BY: _____ DATE: _____

NOTES: _____



PHOTO IDENTIFICATION FORM

A Full Pest Management Technician's identification card displays a photograph of the applicant. Identification cards are *not* issued with Limited Pest Management Technician or Pest Controllers' licences.

NOTE: A Full Pest Management Technician's licence can not be issued unless a photograph that meets the requirements listed below is provided.

Please include one colour photograph with this application, ensuring the following requirements are met:

The photograph *must be*:

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

The witness *must*:

- Have known you for the past 12 months;
- Be 18 years of age or over;
- Complete their details and sign the declaration below.

This form and the photo must be sent together.

Witness Details

Full Name:

Postal Address:

..... Postcode:

Date of Birth: Telephone:

Declaration to be Signed by Witness

I declare that I meet the requirements listed above to make this declaration. I have sighted the photograph attached and confirm that it is a true photograph of the licence holder/applicant. I am satisfied that I have known the licence holder/applicant:

(Name of applicant) for a period of years and vouch for his/her identity.

Signature: Date:

Please forward this application, with payment of the appropriate fee, your photograph, and copies of relevant qualification certificates (if required) to:

Controlled Substances Licensing
PO Box 6 Rundle Mall
Adelaide SA 5000
Telephone: (08) 8226 7100