



Application for a Pest Management Technician Licence

Health (Pesticides) Regulations 2011

To apply for a provisional licence use Form PS2

1. Applicant Contact Information

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:			
Previous Licence Number (if applicable):		Date Issued:	

2. Licence Endorsements

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

Endorsement	Select	Endorsement	Select
Sales only	<input type="checkbox"/>	Dieback control (only)	<input type="checkbox"/>
Weed control (ie. hand held/back backs) - includes the following: <ul style="list-style-type: none"> Lawn and garden Landscaping Bushland Land rehabilitation 	<input type="checkbox"/>	Pest and weed control (mechanical spray equipment) - includes the following: <ul style="list-style-type: none"> Non cropping Crops and Pasture Forestry Turf Management 	<input type="checkbox"/>
Commercial / Domestic Pests ¹	<input type="checkbox"/>	Feral Vertebrate Control ²	<input type="checkbox"/>
Commercial / Domestic Pests, including Termites and Timber Pests	<input type="checkbox"/>	Feral Pigeon Control	<input type="checkbox"/>
Power Poles termite treatment	<input type="checkbox"/>	Fumigation ³	<input type="checkbox"/>

¹ Does not include termites and timber pests

² Does not include feral pigeon control - additional training required

³ **You must also have a qualification that includes cardiopulmonary resuscitation to qualify for this endorsement**



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

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.

1. 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
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 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. 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

- I am 18 years of age, or older.
- 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 from a Registered Training Organisation for the requested endorsements.
- I have attached a Statement of Attainment or Qualification for each requested Restricted Use Pesticide.
- 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 a Medical Practitioner.⁴**

For applicants seeking endorsement in Fumigation:

- I have attached evidence of completing a first aid course that includes providing cardiopulmonary resuscitation.

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

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 __ / __ / ____

⁴ An updated Medical Examination Form is required to be submitted for all licence applications



6. Payment of Application Fee Options

Fees are reviewed annually and subject to change. **Refer to the fees page on our website for the amount.**

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 if known.

Applicant's Name:

Receipt Email Address:

7. Lodging this Application and Enquiries

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

Post to:

Pesticide Safety Program

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



Photographic and Signature Identification

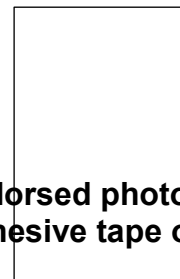
Name of Applicant: _____ Licence No : _____ (if applicable)

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 specimen signature block section **(1)** and
- **Enter their details below 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 CEO 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*			
City/Town		Post Code	



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/>