



Application to change a Schedule 7 Retail Licence

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1.	This form is for requesting changes to an existing Schedule 7 Retail Licence issued under <i>the Medicines and Poisons Act 2014</i>. This form MUST be completed by the current Licence holder or incoming Licence holder who is suitably qualified and understands the requirements and terminology contained in this application. If the Licence holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Licence. All communication will ONLY be with the Licence holder, corporate officer or partner.
2.	Types of changes that cannot be applied for using this form DO NOT USE THIS FORM, if: • The Licence holder is changing from an individual person to a Licence held by a corporation or partnership, or • The Licence holder is changing from a corporation or partnership to an individual person or • The business has a new owner. These types of changes require the submission of a completely new application for a Schedule 7 Retail Licence found at: Application forms for Licences and Permits Licences cannot be transferred between one business entity and another.
3.	There are five parts to this form: Part 1 - Sections 1 to 18: Application to change a Schedule 7 Retail Licence. Part 2 - Sections 19 to 25: Personal Information: new individual Licence holder, corporate officer or partner Part 3 - Sections 26 to 30: Personal Information: new responsible person for a premises Part 4 - Sections 31 to 32: Payment and checklist. Part 5 - Appendix
4.	Fees are not payable for the following type of changes to a Schedule 7 Retail Licence: • Change of postal addresses or other contact details • Change to a person responsible for a premises • Removal of premises from the Licence • Removal of certain Schedule 7 poisons from the Licence. • Upgrade of storage or security such as installation of CCTV.
5.	A fee of \$90 is payable for the following type of changes to a Schedule 7 Retail Licence: • Change of individual Licence holder (no change of ownership of the business) • Change of a corporate officer (only for Licences issued to a body corporate and not an individual person) • Increase the quantity of certain Schedule 7 poisons on the Licence • Addition of certain Schedule 7 poisons to the Licence • Relocation of an existing premises to a new location • Addition of a new premises to the to the Licence • Change of business or trading name without changing legal entity (no change of ownership) • Variation in the activities undertaken under the Licence (Note: some variations may require a new application and issue of a different Licence type)



6. Changing the Licence holder for a Licence held by an individual person

The person nominated as the new Licence holder must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 25.

6.1 Qualifications / training / experience of person nominated as the new Licence holder

The new Licence holder must:

- have a relevant qualification / training and/or experience managing the S7 poisons
- have an AgSafe personnel accreditation number or have completed an AgSafe / Agvet Chemical supplier course and
- have authority within the business to determine policies and procedures in relation to managing and retailing S7 poisons.
- provide a National Police Clearance (NPC) certificate which is less than 12 months old.

6.2 Licence holder responsibilities

It is the responsibility of the Licence holder to ensure compliance with *the Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence.

The new Licence holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence for every premises listed on the Licence. The Department may request further information in relation to this capacity.

There are penalties under the Act for providing false or misleading information when applying for a change to an existing Licence.

7. Changing the person responsible for a premises listed on the Licence

A new responsible person will have overall responsibility for and manage the retail sale of the poisons on a day to day basis and be the contact person if the Licence holder is not available.

The new responsible person for a premises must:

- be employed or contracted by the Licence holder
- reside in WA
- complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 30.
- provide a National Police Clearance (NPC) certificate which is less than 12 months old

7.1 Responsible person for a Licence issued to an individual person can be:

- a) the Licence holder, only if the Licence is issued to an individual person and not a corporation or partnership.
- or**
- b) the most senior person at the premises with who has qualifications / training / experience in retailing the S7 poisons on the Licence.

7.2 Responsible person for Licences issued to a corporation or partnership can be:

- a) the most senior person at the premises with:
 - relevant qualifications / training and experience managing and retailing the S7 poisons and
 - has an AgSafe personnel accreditation number or has completed an AgSafe / Agvet Chemical supplier course.
- or**
- b) a person employed by the corporation or partnership who:
 - has authority to determine policies and procedures in relation to managing the S7 poisons
 - has qualifications or training and experience handling the S7 poisons on the Licence.

Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the poisons at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity.



8.	Changing a corporate officer or partner for a Licence that is held by a corporation or partnership A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 25.
9.	Relocation or addition of a premises If a premises listed on an existing Schedule 7 Retail Licence: • is being <u>relocated</u> to a different premise or • another premises is being added to the existing Schedule 7 Retail Licence and the relocated or added premises (second premises) is currently listed on a different Licence: ○ the application will not be processed until the Licence holder at the second premises has submitted an application to the Department to have their premises removed from their Licence. ○ in such cases, Licence holders requesting the relocation or addition of a new premises may wish to liaise with the Licence holder at the second premises to ensure the Department of Health is appropriately advised.
10.	Required documents The applicant and responsible person are required to submit copies of certain documents. If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator. Copies of photographic identification documents, such as a driver's licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A.
11.	Signatures All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature. A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling handwriting will not be accepted. The current Licence holder must sign the declaration for making a change to the Licence at Section 18. 11.1 Who can sign for a change to a Schedule 7 Retail Licence If the Schedule 7 Retail Licence is held by an individual person and the change is to request a new individual Licence holder within the same business and the current Licence holder is no longer employed by the business: • the new Licence holder should sign the Declaration and provide the reason the current Licence holder cannot sign the Declaration. If the Schedule 7 Retail Licence is held by a partnership or body corporate, the person who signed the original Licence application should sign the Declaration.
12.	Approving a change to a Licence Applying for a change to an existing Schedule 7 Retail Licence does not guarantee the requested changes will be approved.
13.	Processing applications Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please: • Complete all required sections of the application, • Attach all requested documentation to the application, • Respond to requests from the Department for additional information as soon as possible, • Make sure appropriate staff are available if the Department needs to conduct a premises inspection, • Do not submit your application as a digital image (photograph).
14.	Extra information When applying for a change to an existing Licence, refer to the: Guide to applying for a Licence or Permit
15.	Submitting the application Please email completed form and other requested documentation to: mprb@health.wa.gov.au
Incomplete applications may be delayed or returned to the applicant	

Please keep a copy of the completed application form for reference



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE

1. General information		
Licence number:	Name of current Licence holder:	
Postal address:	Suburb:	Postcode:
Telephone:	Fax:	Email:
1.1 Type of change		
Please check whichever applies:		
Changes without a fee	Complete	
☐ Change of postal address or other contact details	Part 1: Sections 2,18	
☐ Change the person responsible for a premises	Part 1: Sections 3,18 Part 2: Sections 26 to 30	
☐ Remove a premises from the Licence	Part 1: Sections 4,6,18	
☐ Remove certain Schedule 7 poisons from the Licence	Part 1: Sections 5,6,18	
☐ Upgrade to storage and security	Part 1: Sections 7,18	
Changes with a fee of \$90		
☐ Change of individual Licence holder	Part 1: Sections 8,18 Part 2: Sections 19 to 25 Part 4: Section 31	
☐ Change of corporate officer or partner	Part 1: Sections 9,18 Part 2: Sections 19,22,23,24,25 Part 4: Section 31	
☐ Increase quantity of Schedule 7 poisons already listed on the Licence	Part 1: Sections 10,18 Part 4: Section 31	
☐ Addition of certain Schedule 7 poisons to the Licence:	Part 1: Sections 11,18 Part 4: Section 31	
☐ Relocation of an existing premises to a new premises	Part 1: Sections 12,14,15,18 Part 4: Section 31	
☐ Addition of a new premises to the Licence	Part 1: Sections 13,14,15,18 Part 4: Section 31	
☐ Change of business or trading name without any change of the legal entity	Part 1: Sections 16,18 Part 4: Section 31	
☐ Variation in the activities undertaken under the Schedule 7 Retail Licence	Part 1: Sections 17,18 Part 4: Section 31	
Note: if making multiple changes, only pay one fee of \$90		
1.2 Extra information for the Department of Health if required:		



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE

Changes without a fee

2. Change of postal address and other contact details

New Postal Address*: Suburb: Postcode:

Telephone: Fax: Email:

* Renewal reminders will be sent to this address.

3. Change the person responsible for a premises listed on the Licence

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

Premises name:

Address: Suburb: Postcode:

Name of new incoming responsible person for this premises:

Title: Forename(s): Surname:

3.1 Details about the new person responsible for a premises listed on the Licence

Is the new responsible person also the Licence holder or responsible for another premises listed on the Licence?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

☐ No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

4. Remove a premises from the Licence

Premises name:

Address: Suburb: Postcode:

Date the business/store will cease trading at these premises:

Is the business at the premises being sold to another business selling the same Schedule 7 poisons for the same purpose?

4.1 ☐ Yes: please provide the name of the new business:

The Department requires the person taking over the business to either:

- apply to add this premises to their current Schedule 7 Retail Licence, if they already have a Licence, or
- apply for a new Licence in their name.

Applications from the person buying the business must be received by the Department prior to removing this premises from your Licence.

4.2 ☐ No, is there any remaining stock of Schedule 7 poisons left?

☐ No

☐ Yes: please also complete Sections 6.



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE **Changes without a fee**

5. Remove certain Schedule 7 poisons from the Licence

Premises name:

Address:

Suburb:

Postcode:

5.1 Please list the Schedule 7 poisons to be removed from the Licence:

5.2 Is there any remaining stock left of the poisons being removed from the Licence at the above-named premises

☐ No

☐ Yes: please also complete Section 6.

6. Information about disposal of Schedule 7 poisons

If there is any remaining stock of Schedule 7 poisons after removing a premises from a Licence or removing certain poisons from a premises listed on the Licence, please indicate how the stock will be disposed of.

Check all that apply:

☐ Transferred to another premises listed on the Licence — Address:

☐ Returned to wholesaler for disposal — Name of wholesaler:

☐ Disposed of using a licensed waste management service — Name:

☐ Other method — provide details:

7. Upgrading storage and security

Premises name:

Address:

Suburb:

Postcode:

Describe the change to the way the Schedule 7 poisons will be stored or the change to premises security:



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE

Changes with a fee

8. Change of individual Licence holder

Refer to instruction number 6 for information on the requirements for being a Licence holder.

Name of new incoming Licence holder:

Title: Forename(s): Surname:
Address: Suburb: Postcode:
Telephone /Mobile: Email:
Position in business:

A new Licence holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

9. Change of corporate officer or partner

Note: Only applicable if the Licence has been issued to a body corporate or company and not to an individual person.

9.1 Name of new incoming corporate officer or partner

Title: Forename(s): Surname:
Address: Suburb: Postcode:
Telephone/Mobile: Email:

Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity

9.2 Name of outgoing corporate officer or partner

Title: Forename(s): Surname:

9.3 Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

10. Increase quantity of Schedule 7 poisons already listed on the Licence

Premises name:
Address: Suburb: Postcode:

10.1 Schedule 7 poisons having their quantities increased at the above-named premises

Schedule 7 poison	Quantity on current Licence	Increase quantity to:



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE **Changes with a fee**

11. Addition of Schedule 7 poisons to an existing premises on the Licence

Premises name:

Address:

Suburb:

Postcode:

11.1 List of Schedule 7 poisons being added to the Licence

Please check all that apply:

- ☐ Registered Australian Pesticides and Veterinary Medicines Authority (APVMA) products
- ☐ Fluoroacetate (1080) - complete Section 11.2
- ☐ Para-aminopropiophenone (PAPP) - complete Section 11.2
- ☐ Strychnine - complete Section 11.2
- ☐ Other Schedule 7 poisons, please list:

11.2 Fluoroacetate (1080), Para –aminopropiophenone (PAPP) and Strychnine

Only complete this Section if the business will be selling 1080 products, PAPP products or strychnine

- ☐ I confirm I have read, understood and agree that the business will comply with the:

[Code of practice for the safe use and management of registered pesticides containing 1080, PAPP and strychnine](#)

11.3 Usage of Schedule 7 poisons added to the Licence

Will Schedule 7 poisons being added, be sold for the same purpose as other Schedule 7 poisons on the Licence?

- ☐ Yes
- ☐ No: please describe the purpose for which the Schedule 7 poisons will be used:

Note: Some variations in the conditions of use will require a new application and issue of a different Licence.

12. Relocation of an existing premises

12.1 Current address of premises:

Premises name:

Address:

Suburb:

Postcode:

12.2 New address of relocated premises:

Premises name:

Address:

Suburb:

Postcode:

Telephone:

Fax:

Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises):

Note: Licence will be issued with "Valid from" date on or after this date.

12.3 Plus, complete Sections 14,15,18 and 31 (payment)



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE **Changes with a fee**

13. Addition of another new premises

13.1 Premises name:

Premises Address:

Suburb:

Postcode:

Telephone:

Fax:

Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises)

Note: Licence will be issued with "Valid from" date on or after this date.

13.2 Plus, complete Sections 14,15,18 and 31 (payment)

14. Information about the relocated or new added premises

Is this premises being bought from another Schedule 7 retail business? See instruction number 9.

☐ No

☐ Yes: Name of previous Schedule 7 retail business:

The Department requires the previous Licence holder at the relocated or new added premises to remove the premises from their Licence. The application to remove the premises from the previous Licence holder's Licence must be received by the Department prior to adding the relocated or new added premises to your Licence.

14.1 Person responsible for the relocated or new added premises

Title:

Forename(s):

Surname:

Position in business:

Is the responsible person for the relocated or new added premises also?

- responsible for the premises at the current address or
- responsible for another premises listed on the Licence or
- the Licence holder?

☐ Yes

☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

14.2 Location of relocated or new added premises

☐ Commercial ☐ Industrial ☐ Rural

☐ Other-please specify:

14.2.1 Is local government approval required to operate the business from the premises?

☐ Yes: **Attach** evidence of local government approval to operate the business from the premises

☐ No: Local government may be asked to comment on applications which may increase processing time.

14.3 Building /premises security for relocated or new added premises. Please check all that apply:

☐ Dedicated monitored alarm system ☐ Video surveillance system (CCTV) ☐ Motion detectors

☐ Perimeter fence with lockable gate ☐ Perimeter alarm

☐ Other – please describe:



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE Changes with a fee

15. Information about the Schedule 7 poisons at the relocated or new added promises

15.1 List of Schedule 7 poisons required

Please check all that apply:

- ☐ Registered Australian Pesticides and Veterinary Medicines Authority (APVMA) products
- ☐ Fluoroacetate (1080) - complete Section 4.3
- ☐ Para –aminopropiophenone (PAPP) - complete Section 4.3
- ☐ Strychnine - complete Section 5.3
- ☐ Other Schedule 7 poisons, please list:

15.2 Storage and security of Schedule 7 poisons

15.2.1 Please **attach** a diagram of the premises, including any outside storage area showing where Schedule 7 poisons will be stored, security measures and the location of perimeter fencing gates.

15.2.2 Please indicate where Schedule 7 poisons are stored, inside or outside the main building (Check all that apply):

☐ Inside: Schedule 7 poisons stored inside are stored as follows: (Please check all that apply)

☐ Locked cupboard ☐ Locked room ☐ Locked caged area ☐ Behind counter

☐ Other, please specify:

☐ Outside: Schedule 7 poisons stored outside are stored as follows: (Please check all that apply)

☐ Locked shed ☐ Locked caged area in shed

☐ Other, please specify:

15.2.3 Are poisons stored outdoors, under cover? ☐ Yes ☐ No

15.3 Other information required for the storage of Schedule 7 poisons

Are large quantities of Schedule 7 poisons stored in bunded areas? ☐ Yes ☐ No

Will liquid spills drain to a holding pit, tank or sump? ☐ Yes ☐ No

Is a Dangerous Goods (DG) Site Licence required for bulk Schedule 7 poisons at the premises?

☐ No ☐ Exempt from requiring a DG Site Licence

☐ Yes: please **attach** a copy of the DG Site Licence. [*see Department of Mines and Petroleum website](#)

15.4 Safety and emergency equipment at premises

Is a safety shower available? ☐ Yes ☐ No

Are eyewash facilities available? ☐ Yes ☐ No

Is a first aid kit kept on site? ☐ Yes ☐ No

Does the site have spill clean-up equipment? ☐ Yes ☐ No

Does the site have an on-site emergency plan? ☐ Yes ☐ No

Is personal protective equipment (PPE) available? ☐ Yes ☐ No

Section 15 continues next page



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE

Changes with a fee

15.5 Record keeping at relocated or new added premises

Records of Schedule 7 sales will be kept ☐ in a hard copy register ☐ on a computer

How will you check that purchasers are eligible to buy Schedule 7 poisons?

Please confirm that hard copy registers or /computer records contain:

- ☐ Name and address of seller/ supplier and purchaser
- ☐ Date of order and sale/ supply
- ☐ Approved name or trade name of poison sold/supplied including the strength of the poison
- ☐ Quantity of poison sold or supplied
- ☐ Premises at which the poison is intended to be used
- ☐ Proof of authorisation to purchase where required e.g. 1080
- ☐ Please declare that records of supply of Schedule 7 poisons will be kept for a minimum of five years

15.6 Employees and National Police Clearance Certificate (NPC)

- ☐ Check to confirm all staff at the premises with access to the poisons or who will be processing orders for Schedule 7 poisons will have provided the Licencee with a copy of a recent (within 12 months) National Police Certificate (NPC) prior to being given access to the poisons, ordering and supplying systems.

15.7 Access to Schedule 7 poisons

- ☐ Please check to confirm that only authorised persons, i.e. individual Licence holders, responsible person or other authorised staff employed by the business will have unsupervised access to the Schedule 7 poisons.

15.8 Preventing access to Schedule 7 poisons

Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access

15.9 Loss or theft of Schedule 7 poisons

- ☐ Please check to confirm any loss or theft of S7 poisons will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](#)

15.10 Schedule 7 poison usage at relocated or new added premises

Will the S7 poisons at the relocated or new added premises be sold for the same purpose as at the previous premises or other premises on the Licence?

- ☐ Yes
- ☐ No - please describe the purpose for which the Schedule 7 poisons will used:

Note: Some variations in the conditions of supply or use will require a new application and issue of a different Licence



PART 1: APPLICATION to change a SCHEDULE 7 RETAIL LICENCE **Changes with a fee**

16. Change of business or trading

Complete this Section if the business or trading name will change without any change in legal entity.
If there is a change in ownership, an application for a new Licence is required.

16.1 Previous business or trading name:

New business or trading name:

16.2 Attach a copy of the Current and Historical Business Name Extract from ASIC

Australian Business Number (if applicable):

17. Variation in the activities undertaken under the Licence

Please describe the proposed change in the way the Schedule 7 poisons will be used:

Note: Some variations in the conditions of use will require a new application and issue of a different Licence type.

18. Declaration by Licence holder

This declaration relates to the application to change the Licence and must be signed by the individual Licence holder, or if the Licence is issued to a corporation or partnership, the declaration must be signed by a corporate officer or partner.

Please refer to instruction number 11 for information on acceptable signatures.

I am the: ☐ current Licence holder ☐ incoming Licence holder

☐ the corporate officer or partner who signed the original Licence application.

If the current Licence holder cannot sign please provide the reason:

I (provide full name):

of (provide full address):

hereby declare:

- i. The information contained in this application form is true and correct
- ii. I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application.

Signature of applicant:

Date:



PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

Part 2 assesses identification, fitness and probity of the Licence holder.

If the new Licence holder is an individual person, all sections of Part 2 must be completed.

If the Licence is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 20 and 21 must be completed by each new corporate officer or new partner.

19. Identification of new Licence holder, corporate officer or partner

19.1 Personal Details

Title: Forename/s: Surname: Date of birth:

Address: Suburb: Postcode:

Postal address: Suburb: Postcode:

Mobile number: Email:

Position in business:

19.2 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers Licence or passport. Non-government issued identification documents will not be accepted.

¹Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy)

19.3 Role in relation to the Licence

- ☐ the individual who will be the new Licence holder on behalf of the business. Complete remainder of Part 2.
- ☐ a new corporate officer. Type of corporate officer:
- ☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 22,23,24 and 25 of Part 2 and **attach** a CV¹

- ☐ a new partner

Complete Sections 22,23,24 and 25 of Part 2 and **attach** a CV¹

¹A new **corporate officer or partner must provide a CV and qualifications**. These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.



PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

20. Qualifications and experience of new individual Licence holder

Complete this section if you are an individual person applying to be the new Licence holder.
Do not complete this section, if the Licence has been issued to a corporation or partnership.
Refer to instruction number 6 for information on the requirements for being an individual Licence holder.

20.1 Please attach copies of:

- any qualifications or training relevant to the Schedule 7 poisons on the Licence and
- CV demonstrating your suitability as a Licence holder, or describe your suitability as a Licence holder below:

20.2 Requirements for being a Schedule 7 Retail Licence holder

AgSafe personnel accreditation number:

Expiry:

OR

AgSafe / AgVet Chemical Supplier course completed (date):

☐

I confirm I have read, understood and agree to comply with the:

[Section 72 Notice - Government Gazette, 21 June 2022, No 5, pages 3661-3672](#)

20.3 Does the business sell 1080 (fluoroacetate), Para –aminopropiophenone (PAPP) and/or strychnine?

☐

No

☐

Yes: ☐ I confirm I have read, understood and agree to comply with the:

[Code of practice for safe use and management of registered pesticides containing 1080, PAPP, strychnine](#)

You may also be asked to provide extra information regarding your qualifications / training / experience.

21. Authority, access, standard operating procedures (SOPs)

Complete this section if you will be the new individual Licence holder.

Do **not** complete this section, if the Licence holder is a corporation or partnership.

☐

Please check to confirm that as the new Licence holder, you will have authority within the business to determine policies and procedures in relation to managing the poisons.

☐

Please check to confirm that you will always have access to the poisons listed on the Licence.

☐

Please check to confirm that only yourself, responsible person or other authorised employees of the business will have unsupervised access to the Schedule 7 poisons.

As the new Licence holder, will all SOPs and management of the Schedule 7 poisons remain unchanged?

☐

Yes

☐

No: please describe how the SOPs and management of the Schedule 7 poisons will change.



PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

22. Prior permits/licences for medicines/poisons

To be completed by a new Licence holder, new corporate officer or new partner

22.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

22.2 Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

23. Criminal check and NPC for new Licence holder, corporate officer or partner

To be completed by the nominated individual Licence holder, each corporate officer or each partner.

23.1 **Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory**

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

23.2 Please **attach** a copy of your National **Police Clearance (NPC)**, which is less than 12 months old.

23.3 Have you been convicted of, or are charges pending for indictable¹ offences since the date on your NPC?

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

¹ Minor traffic offences are not classified as indictable offences



PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

24. Financial resources of new Licence holder, corporate officer or partner

To be completed by a new Licence holder, new corporate officer or new partner

24.1 Have you been declared bankrupt or a debtor under any bankruptcy law?

☐ No

☐ Yes: What date was/will your bankruptcy be discharged?

24.2 Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation?

☐ Yes

☐ No

25. Declaration by new Licence holder, corporate officer or partner

This declaration must be signed by the new individual Licence holder, corporate officer or partner and is about personal information and includes probity check consent.

Please refer to instruction number 11 for information on acceptable signatures.

- a. In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a Schedule 7 Retail Licence. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe storage and sale of the Schedule 7 poisons and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Licence.
- f. I will notify the Department of Health if I leave the employment of the business or I am no longer a corporate officer of the company that holds the Licence.

Signature:

Name:

Date:



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

Part 3 must be completed by a new responsible person: assesses identification, fitness and probity

26. Identification of new responsible person

The role of the responsible person is to manage the Schedule 7 poisons on a day to day basis and be the contact person, if the Licence holder is not available.

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

26.1 Is the new responsible person, also the Licence holder or responsible for another premises listed on the Licence?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

☐ No: complete all of Part 3.

26.2 Personal details of responsible person

Title: Forename/s: Surname: Date of birth:

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

26.3 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers' licence or passport. Non-government issued identification documents will not be accepted.

¹ Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy).

27. Qualifications and experience of new responsible person

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

27.1 Please **attach** copies of:

- any qualifications or training relevant to managing and retailing Schedule 7 poisons on the Licence and
- CV demonstrating your suitability as a responsible person, **or** describe your suitability below:

27.2 ☐ I confirm I have read, understood and agree to comply with: [Section 72 Schedule 7 Notices](#)

27.3 Does the business sell 1080 (fluoroacetate), Para –aminopropiophenone (PAPP) and/or strychnine?

☐ No

☐ Yes: ☐ I confirm I have read, understood and agree to comply with the:

[Code of practice for safe use and management of registered pesticides containing 1080, PAPP, strychnine](#)

27.4 Other requirements

Are you responsible for a business, where the Licence is in the name of an individual person or a corporation or partnership?

a. ☐ S7 Retail Licence is in the name of an individual person

b. ☐ S7 Retail Licence is in the name of a corporation or partnership: please provide the following details:

AgSafe personnel accreditation number:

Expiry:

OR

AgSafe / AgVet Chemical Supplier course completed (date):

You may also be asked to provide extra information regarding your qualifications / training /experience.



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

28. Prior permits/licences for medicines/poisons held by responsible person

- 28.1** Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?
- ☐ No
- ☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:
- 28.2** Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?
- ☐ No
- ☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

29. Criminal check and NPC for new responsible person

- 29.1 Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory**
- Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?
- ☐ No
- ☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
 - The nature of the alleged offence and circumstances surrounding the offences
- 29.2** Please **attach** a copy of your **National Police Clearance certificate** (NPC) which is less than 12 months old.
- 29.3** Have you been convicted of, or have pending charges for indictable¹ offences since the date shown on your NPC?
- ☐ No
- ☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
 - The nature of the alleged offence and circumstances surrounding the offences

¹ Minor traffic offences are not classified as indictable offences



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

30. Declaration by new responsible person

This declaration must be signed by the new responsible person and includes probity check consent.
Please refer to instruction number 11 for information on acceptable signatures.

- a) I acknowledge my role is to manage the Schedule 7 poisons on a day to day basis and be the contact person, if the Licence holder is not available.
- b) I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the Schedule 7 Retail Licence. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- c) I am at least 21 years of age.
- d) The information contained in this application form is true and correct.

Signature:

Name:

Date:



PART 4: PAYMENT and CHECKLIST

31. Payment (where required)

Fee: \$90

1. ☐ Credit Card – American Express and Diners not accepted

Card type: ☐ MasterCard ☐ Visa

Name on card: _____ Card number: _____

Expiry date: _____ Amount: **\$90**

Signature of cardholder: _____ Date: _____

2. ☐ Direct debit to bank

Please quote Licence number and business name in the reference when making a direct debit payment

Bank: Commonwealth Bank: **BSB: 066 040 Account number: 13300018** Amount: **\$90**

Receipt Number: _____ Payment date: _____

3. ☐ Cheque or money order – made payable to DEPARTMENT OF HEALTH

Please keep a copy of the completed application from for reference

Please email completed form and other requested documentation to: mprb@health.wa.gov.au

A fee of \$90 is payable for the following types of changes to a Schedule 7 Poisons Licence:

- Change of individual Licence holder (no change of ownership of the business)
- Change of a corporate officer (only for Licences issued to a body corporate and not an individual person)
- Increase quantity of Schedule 7 poisons already listed on the Licence
- Addition of certain Schedule 7 poisons to the Licence
- Relocation of an existing premises to a new location
- Addition of a new premises to the Licence
- Change of business or trading name without changing legal entity (no change of ownership)
- Variation in the activities undertaken under the Licence

Note: if making multiple changes, only pay one fee of \$90

Fees are not payable for the following type of changes to a Schedule 7 Poisons Licence:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the Licence
- Removal of certain Schedule 7 poisons from the Licence
- Upgrading storage or security



PART 4: PAYMENT and CHECKLIST

32. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change a Schedule 7 Poisons Licence

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing a individual Licence holder: completed Part 2: Personal Information (Section 8)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocated or a new premises is added to the Licence, and the responsible person is not responsible for any other premises or is not the Licence holder: completed Part 3: Personal Information-Form (Section 14.1)
- ☐ If applicable, evidence of local government approval to operate the business from the premises (Section 14.2.1)
- ☐ If a premises is being relocated or a new premises is being added, attach a diagram showing where the poisons will be stored (Section 15.2.1)
- ☐ If a Dangerous Goods Licence is required, attach copy of the Licence (Section 15.3.3)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 16.2)
- ☐ Declaration signed and dated by Licence holder, corporate officer or partner (Section 18)

Part 2: Personal information, fitness and probity for new Licence holder, corporate officer or partner

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 19.2). See Appendix A for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer/ partner, attach a CV and qualifications for each new officer /partner (Section 19.3)
- ☐ If the new Licence holder is an individual person, attach copies of qualifications/ training and a CV. CV not required if experience was described on form (Section 20.1)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 23.1)
- ☐ A copy of the NPC Certificate which is not more than 12 months old (Section 23.2)
- ☐ If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 23.3)
- ☐ Declaration signed and dated by new Licence holder, corporate officer or partner (Section 25)

Part 3: Personal information, fitness and probity for new responsible person

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 26.3). See Appendix A for a list of persons authorised to witness a signature
- ☐ Copies of qualifications/training and CV. CV not required if experience described on form (Section 27.1)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 29.1)
- ☐ A copy of the NPC Certificate which is not more than 12 months old (Section 29.2)
- ☐ If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 29.3)
- ☐ Declaration signed and dated by new responsible person (Section 30)

Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 31)



PART 5: APPENDIX

Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

Persons who can certify documents	
Academic (tertiary institution)	Medical practitioner
Accountant	Member of Parliament
Architect	Minister of religion
Australian Consular Officer	Nurse
Australian Diplomatic Officer	Optometrist
Bailiff	Patent attorney
Bank manager	Pharmacist
Chartered secretary	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (judge, master, magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public servant
Engineer	Public notary
Industrial organisation secretary	Real Estate agent
Insurance broker	Settlement agent
Justice of the Peace	Sheriff or deputy Sheriff
Lawyer	Surveyor
Local government CEO or deputy CEO	Teacher
Local government councillor	Tribunal officer
Loss adjuster	Veterinarian
Marriage celebrant	