Schedule 7 Retail Licence

Application Form

*Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION | |
|  | This application form is for a new **Schedule 7 Retail Licence** to sell Schedule 7 poisons by retail.  This application form **MUST** be completed by the nominated applicant who will be:   * the individual Licence holder or * a corporate officer, if the Licence is being issued to a body corporate or * a partner, if the Licence is to be issued to a partnership   The applicant must be suitably qualified and understand the requirements and terminology contained in this application form.  **All communication will ONLY be with the nominated Licence holder, corporate officer or partner.**  To request a change to an existing Licence, please complete an Application to Change an existing Schedule 7 Retail Licence , found at: [Application forms for Licences and Permits](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits)  There are five parts to this form:  Part 1: Application form for a Schedule 7 Retail Licence.  Part 2: Personal Information: Identification, Fitness and Probity to be completed by the nominated applicant.  Part 3: Personal Information: Identification, Fitness and Probity to be completed by the nominated responsible person.  Part 4: Payment and checklist.  Part 5: Appendix |
|  | **Licence holder, qualifications / training / experience**  **2.1** **Licences can be issued to:**   1. Individual applicants, who must:  * complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 13. * must have a relevant qualification / training and/or experience managing the Schedule 7 poisons on the Licence * must have an AgSafe personnel accreditation number or have completed an AgSafe / Agvet Chemical supplier course and * must have authority within the business to determine policies and procedures in relation to retailing Schedule 7 poisons. * must provide a National Police Clearance (NPC) certificate which is less than 12 months old.  1. Body corporate (corporation) or partnership and:  * each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer), or each partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 13. * Each corporate officer or partner must provide a National Police Clearance (NPC) certificate which is less than 12 months old.   **2.2 Licences issued to a corporation or partnership**  The corporation or partnership must always employ a person who:   * has qualifications / training and experience handling and retailing the S7 poisons on the Licence * has authority within the corporation or partnership to determine policies and procedures in relation to handling the poisons on the Licence and * has an AgSafe personnel accreditation number and/or has completed an AgSafe / Agvet Chemical supplier course.   **2.3 Licence holder responsibilities**  If the Licence is issued, it is the responsibility of the applicant (Licence holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Licence.  The Licence holder should review standard operating procedures used by the business to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Licence.  The 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 Licence. |
|  | **Person responsible for a premises and qualifications and/or experience.**  An individual person must also be nominated as a responsible person to have overall responsibility for each premises to be included on the Licence. 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.  The 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 * provide a National Police Clearance (NPC) certificate which is less than 12 months old and * sign the declaration at Section 18.   **3.1** **Responsible person for a Licence issued to an individual person**  The responsible person for a premises when a Licence is issued to an individual person can be the:   1. Licence holder, only if the Licence is issued to an individual person and not a corporation or partnership.   **or**   1. the most senior person at the premises who has qualifications / training / experience in retailing the Schedule 7 poisons on the Licence.   **3.2 Responsible person for a Licence issued to a corporation or partnership**  The responsible person for a premises when a Licence is issued to a corporation or partnership can be:   1. the most senior person at the premises with:    * relevant qualifications / training and experience in managing and retailing the Schedule 7 poisons on the Licence and    * has an AgSafe personnel accreditation number or has completed an AgSafe / Agvet Chemical supplier course.   **or**   1. the person employed by the corporation or partnership as per instruction 2.2   Please note: a responsible person must consider whether they have capacity to oversee the day to day management of Schedule 7 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. |
|  | **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. |

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|  | **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 hand-writing will not be accepted.  The nominated Licence holder must sign the Declaration at Section 11 for obtaining a Licence. If the Licence will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration. |
|  | **Processing applications**  Applications will be processed in order of receipt after payment has been processed by Finance, provided the required fee has been paid. 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, * Please do not submit your application as a digital image (photograph). |
|  | **Issuing a Licence**  Applying for a Licence does not guarantee a Licence will be issued.  An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer.  The Department assesses each application individually and may decide against issuing a Licence.  If the Licence is issued:   * it will expire 1 year after the date of issue, * a renewal application will be mailed to the postal address approximately 2 months prior to expiry.   + It is the Licence holder’s responsibility to inform the Department if the postal address changes.   If the Licence is not issued:   * the applicant will be provided with details of the reasons in writing, * the yearly Licence fee will be refunded, * the application fee is non-refundable. |
|  | **Extra Information**  When applying for a Licence, please refer to the: [Guide to applying for a Permit or Licence](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits) |
|  | **Submitting the application**  Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto: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** for a SCHEDULE 7 RETAIL LICENCE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Details of applicant (nominated Licence holder) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Legal Entity (may be different to business or trading name): | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | |
| Business or trading name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| Type of Licence (tick which one applies): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual person (on behalf of a business). Complete section 1.1 and 1.3 to 1.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Corporate (corporation) or partnership. Complete Section 1.2 and 1.3 to 1.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1** | **Licence to be issued to an individual person** (on behalf of a business) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | | Forename/s: | | | |  | | | | | | | | | | Surname: | |  | | | | | |  | |
|  | Postal address: | | | | | |  | | | | | | Suburb: | | |  | | | | | | | Postcode: | |  | | |  | |
|  | Telephone: | | | |  | | | | | | | Fax: | | |  | | | Email: | | |  | | | | | | | |  |
|  | Position in business: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
|  | The applicant **must complete Part 2:** Personal Information: Identification, Fitness and Probity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2** | **Corporation or partnership.** Tick which one applies | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer must complete Part 2: Personal Information: Identification: Fitness and Probity; and | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Partnership** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Each partner must complete Part 2, Personal Information: Identification: Fitness and Probity. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Section 2 must be completed if the Licence is to be issued to a corporation or partnership. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.3** | **Business/Trading name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If** the business has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.4** | **Australian Business Number**: | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| **1.5** | **Australian Company Number** (ACN) or Australian **Registered Body Number** (ARBN), if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **1.6** | **Registered business address of applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Same as postal address shown above or: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | Suburb: | | |  | | | | | | | Postcode: | |  | |  | |
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**PART 1:** APPLICATION **for a SCHEDULE 7 RETAIL LI**CENCE

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| Licences issued to a corporation or partnership | | | | | | | | | | | | | | |
| Is the applicant a corporation or partnership | | | | | | | | | | | | | | |
| No | | Yes: complete Section 2.1, 2.2, 2.3 and 2.4 | | | | | | | | | | | | |
| **2.1** | **Check** to confirm the corporation or partnership always employs a person who has relevant qualifications and/or experience managing the poisons on the Licence and has authority within the business to determine policies and procedures in relation to managing and retailing Schedule 7 poisons. | | | | | | | | | | | | | |
| **2.2** | **Details of employee** | | | | | | | | | | | | | |
|  | Title: | |  | | Forename(s): |  | | Surname: | |  | | |  | |
|  | AgSafe personnel accreditation number: | | | | | |  | | | | Expiry: |  |  | |
|  | **OR** AgSafe / AgVet Chemical Supplier course completed (d): | | | | | | | |  | | | |  | |
| **2.3** | **Check** to confirm the business will comply with the:  [Section 72 Notice - Government Gazette, 21 June 2022, No 5, pages 3661-3672](https://www.legislation.wa.gov.au/legislation/prod/gazettestore.nsf/FileURL/gg2022_085.pdf/$FILE/Gg2022_085.pdf?OpenElement) | | | | | | | | | | | | | |
| **2.4** | Will the business be selling **1080** (fluoroacetate), Para –aminopropiophenone (**PAPP**) and/or **strychnine**? | | | | | | | | | | | | | |
|  | No | | | | | | | | | | | | | |
|  | Yes: | | | Check to confirm the business will comply with: [Code of practice for safe use and management of registered pesticides containing 1080, PAPP, strychnine](https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/medicines-and-poisons/Word/Code-of-Practice-1080-PAPP-Strychnine.doc) | | | | | | | | | |
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| Premises and building security details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 3 must be completed for every premises listed on the Licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being bought from another Schedule 7 retail business? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 premises to your Licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.1** | **Premises details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Premises name (**if** applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Premises address: | | | | | | | |  | | | | | | | | | Suburb: |  | | | | | | | | Postcode: |  | | |  |
|  | Telephone: | | | | |  | | | | | | | | Fax: | |  | | | | | | Email: | | |  | | | | |  | |
|  | Date of possession of the premises (settlement date/lease commencement/handover of building): | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | Note: Licence will be issued with “Valid from” date on or after this date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.2** | **Person responsible for premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Refer to instruction number 3, for information on the requirements for being a responsible person for a premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | | |  | | | Forename(s): | | | |  | | | | | | | | | | Surname: | | |  | | | | | |  | |
|  | Nominated responsible person **must complete Part 3**: Personal Information: Identification, Fitness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.3** | **Location of premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Commercial | | | | | | | Industrial | | | | | Rural | | | | Other- please specify: | | | | | |  | | | | | | |  | |
|  | 3.3.1 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.4** | **Building security** 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: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
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**PART 1:** APPLICATION **for a SCHEDULE 7 RETAIL LI**CENCE

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| Required Schedule 7 poisons, storage and access | | | | | | | | | | | | | | | | | | | | | | | |
| Section 4 must be completed for every premises listed on the Licence | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 List of Schedule 7 poisons required** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please check all that apply**:** | | | | | | | | | | | | | | | | | | | | | | |
|  | Registered Australian Pesticides and Veterinary Medicines Authority (APVMA) products | | | | | | | | | | | | | | | | | | | | | | |
|  | Fluoroacetate (1080) | | | | | | | | | | | | | | | | | | | | | | |
|  | Para –aminopropiophenone (PAPP) | | | | | | | | | | | | | | | | | | | | | | |
|  | Strychnine | | | | | | | | | | | | | | | | | | | | | | |
|  | Other Schedule 7 poisons, please list: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  | | |
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| **4.2 Storage and security of Schedule 7 poisons** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 4.2.1 | | | 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. | | | | | | | | | | | | | | | | | | |
|  | | 4.2.2 | | | Please indicate where Schedule 7 poisons are stored, inside or outside (Please 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: | | | | |  | | | | | | | | | | |  | |
|  | | 4.2.3 | | | Are poisons stored outside, under cover? | | | | | | | Yes | | | No | | | | | | | |
| **4.3 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: [Department of Mines, Industry Regulation and Safety website](https://www.dmp.wa.gov.au/Dangerous-Goods/Applying-for-a-dangerous-goods-8428.aspx) | | | | | | | | | | | | | | | | | | | |
| **4.4 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 4 continues next page | | | | | | | | | | | | | | | | | | | | | | | | |

**PART 1:** APPLICATION **for a SCHEDULE 7 RETAIL LI**CENCE

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| **4.5 Employees and National Police Clearance Certificate (NPC)** | | | | | | |
|  | |  | | | Check to confirm if all staff 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. | |
| **4.6 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. | | | |
| **4.6 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 to the Schedule 7 poisons. | | | | | | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| **4.7 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](https://ww2.health.wa.gov.au/Articles/N_R/Reporting-loss-or-theft-of-medicines-and-poisons) | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Record keeping | | | | | | |
| 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 decalre that records of supply of Schedule 7 poisons will be kept for a minimum of five years | | | |
|  | |  | | | | |

**PART 1:** APPLICATION **for a SCHEDULE 7 RETAIL LICENCE**

|  |  |
| --- | --- |
| Multiple premises | |
| Will Schedule 7 poisons be stored and sold at multiple premises under this Licence? | |
| No | |
| Yes: complete Sections 6.1 and 6.2 | |
| 6.1 Will the responsible person for the other premises be the same as the individual Licence holder or a person responsible for the premises named in Section 3.1? | |
|  | Yes |
|  | No: Complete and **attach** Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises. |
| 6.2 Will responses to Section 5 be the same for the other premises as for the premises named in Section 3.1 | |
|  | Yes: Complete and **attach** Sections 3 and 4 for all other premises. |
|  | No: Complete and **attach** Sections 3,4 and 5 for all other premises. |
|  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration by applicant to obtain a Licence | | | | | | | | | | | | |
| This declaration relates to the application itself (Part 1) and must be signed by the individual or if the Licence is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners.  Please refer to Instruction 5 for information on acceptable signatures. | | | | | | | | | | | | |
| I (provide full name): | | | |  | | | | | | |  | |
| of (provide full address): | | | |  | | | | | | |  | |
| hereby declare: | | | | | | | | | | | | |
|  | | The information contained in this application form is true and correct. | | | | | | | | | | |
|  | | 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: |  | | |  |
| **Witnessed by** | | | | | | | | | | | | |
|  |  | | | |  |  | | | |  | | |
| (Signature of Witness) | | | | | | | (Name of Witness) | | | | | |
|  | | | | | | | | | | | | |

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| PART 2: PERSONAL INFORMATION: LICENCE HOLDER |

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

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

If the Licence holder is a corporation or partnership all sections of Part 2 except Section 9 must be completed by each corporate officer or each partner.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I**dentification of** applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | Forename/s: | | | | |  | | | | Surname: | | | |  | | | | Date of birth: | | | |  | | |  | |
| Address: | | | |  | | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  | | |  |
| Postal address: | | | | | | |  | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  | |  |
| Mobile number: | | | | | |  | | | | | | | | | Email: | | | |  | | | | | | | | | | |  |
| Position in business: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| **8.2 Certified true copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH** a certified1 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.3 Role in relation to Licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | The individual who will hold the Licence on behalf of the business. Complete remainder of Part 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A corporate officer: only applicable if the Licence will be issued to a body corporate. Type of corporate officer: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Director | | | | | | General Manager | | Company secretary | | | | | | | | | CEO | CFO | | | | COO | | | | | |
|  |  | | Complete Sections 10, 11,12 and 13 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A partner: only applicable if the Licence will be issued to a partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Complete Sections 10, 11,12 and 13 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1The CV will be used to assess whether each corporate officer or partner meets the requirements of the *Medicines and Poisons ACT 2014.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PART 2: PERSONAL INFORMATION: LICENCE HOLDER**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Qualifications and experience of applicant applying as an individual person | | | | | | | | | | | |
| Complete this section if you are an individual person applying for a Licence.  Do not complete this section, if the Licence is being issued to a corporation or partnership. | | | | | | | | | | | |
| Refer to instruction number 2 for information on the requirements for being an individual Licence holder. | | | | | | | | | | | |
| **9.1** Please **attach** copies of:   * any qualifications or training relevant to managing and retailing Schedule 7 poisons **and** * CV demonstrating your suitability as a Licence holder, **or** describe your suitability as a Licence holder below: | | | | | | | | | | | |
|  | | | |  | | | | | | |  |
|  | | | |  | | | | | | |  |
|  | | | |  | | | | | | |  |
| **9.2 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](https://www.legislation.wa.gov.au/legislation/prod/gazettestore.nsf/FileURL/gg2022_085.pdf/$FILE/Gg2022_085.pdf?OpenElement) | | | | | | | | | |
| **9.3** Will the business be selling 1080 (fluoroacetate), Para –aminopropiophenone (PAPP) and 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, Strychnine, PAPP](https://ww2.health.wa.gov.au/~/media/Files/Corporate/general-documents/medicines-and-poisons/Word/Code-of-Practice-1080-PAPP-Strychnine.doc) | | | | | |
| **9.4 Access to Schedule 7 poisons and authority within the business** | | | | | | | | | | | |
|  |  | | | | Check to confirm that you will always have access to the poisons stored at the premises listed on the Licence | | | | | | |
|  |  | | | | Please check to confirm that, you will have authority within the business to determine policies and procedures in relation to managing the poisons listed on the Licence. | | | | | | |
|  |  | | | | You may also be asked to provide extra information regarding your qualifications / training /experience. | | | | | | |

|  |  |  |
| --- | --- | --- |
| Prior permits/licences for medicines/poisons held by applicant | | |
| To be completed by the nominated individual Licence holder, each corporate officer or each partner | | |
| **10.1** | 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: | |
|  |  |  |
|  |  |  |
| **10.2** | 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: | |
|  |  |  |
|  |  |  |
|  | | |

**PART 2: PERSONAL INFORMATION: LICENCE HOLDER**

|  |  |
| --- | --- |
| Criminal check and NPC for applicant | |
| To be completed by the nominated individual Licence holder, each corporate officer or each partner. | |
| **11.1** | **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 |
| **11.2** | Please **attach** a copy of your **National Police Clearance** (NPC), which is less than 12 months old. |
| **11.3** | Have you been convicted of, or have 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 |
|  | 1Minor traffic offences are not classified as indictable offences |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial resources ofapplicant | | | | | |
| To be completed by the nominated Licence holder, each corporate officer or each partner | | | | | |
| **12.1** | Have you been declared bankrupt or a debtor under any bankruptcy law? | | | | |
|  | No | | | | |
|  | Yes: What date was/will your bankruptcy be discharged? |  | |  | |
| **12.2** | 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 |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration by applicant | | | | | | | |
| This declaration must be signed by the applicant (individual applicant, corporate officer or partner) and includes probity check consent. Please refer to Instruction 5 for information on acceptable signatures. | | | | | | | |
|  | 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. | | | | | | |
|  | I am at least 21 years of age. | | | | | | |
|  | The information contained in this application form is true and correct. | | | | | | |
|  | I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information. | | | | | | |
|  | I am aware of my responsibility for the safe storage and use of the 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. | | | | | | |
|  | I will notify the Department of Health if I am no longer employed by the business, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership) | | | | | | |
| Signature: | |  | Name: |  | Date: |  |  |
|  | | | | | | | |

# PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON

**Part 3** must be completed by the responsible person and assesses identification, fitness and probity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification of responsible person | | | | | | | | | | | | | | | | | | | | | | | | | |
| The role of the responsible person is to manage the poisons on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 3, for information on the requirements for being a responsible person for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.1** Will the individual applicant applying to be Licence holder also be responsible for the premises named in Section 3.1? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes: Confirm name: | | | | | | | Title: | |  | Forename/s: | | | | |  | | | Surname: | | |  | | |  |
|  | | There is no requirement to complete Part 3 | | | | | | | | | | | | | | | | | | | | | | | |
|  | No: complete remainder of Part 3. | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.2 Personal details of responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | Forename/s: | | | | |  | | | | | Surname: | | | |  | | Date of birth: | | | |  |  |
|  | Postal Address: | | | | |  | | | | | | Suburb: | | |  | | | | | | Postcode: | |  | |  |
|  | Mobile number: | | | |  | | | | | | | | email: | | | |  | | | | | | | |  |
|  | Position in business: | | | | | |  | | | | | | | | | | | | | | | | | |  |
| **14.3 Certifiedtrue copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ATTACH** a certified1 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). | | | | | | | | | | | | | | | | | | | | | | | | |
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| Qualifications and experience of responsible person | | | | | | | | | | |
| Refer to instruction number 3 for information on the requirements for being a responsible person for a premises. | | | | | | | | | | |
| **15.1** 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: | | | | | | | | | | |
|  | |  | | | | | | |  | |
|  | |  | | | | | | |  | |
|  | |  | | | | | | |  | |
| **15.2**  I confirm I have read, understood and agree to comply with: [Section 72 Schedule 7 Notices](https://ww2.health.wa.gov.au/Articles/N_R/Notices-Section-72) | | | | | | | | | | |
| **15.3** Will the business be selling 1080 (fluoroacetate), Para –aminopropiophenone (PAPP) and 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](https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/medicines-and-poisons/Word/Code-of-Practice-1080-PAPP-Strychnine.doc) | | | | | | |
| **15.4 Other requirements** | | | | | | | | | | |
|  | Are you responsible for a business, where the Licence is being issued to an individual person or a corporation or partnership? | | | | | | | | | |
|  | 1. S7 Retail Licence is being issued to an individual person | | | | | | | | | |
|  | 1. S7 Retail Licence is being issued to a corporation/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: Responsible Person**

|  |  |  |
| --- | --- | --- |
| Prior permits/licences for medicines/poisons held by responsible person | | |
| **16.1** | 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: | |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **16.2** | 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: | |
|  |  |  |
|  |  |  |
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| --- | --- |
| Criminal check and NPC for responsible person | |
| **17.1** | **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 |
| **17.2** | Please **attach** a copy of your **National Police Clearance certificate** (NPC) which is less than 12 months old**.** |
| **17.3** | Have you been convicted of, or have charges pending 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 |
|  | 1Minor traffic offences are not classified as indictable offences |

**Part 3: Personal Information: Responsible Person**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Declaration by responsible person | | | | | | |
| This declaration must be signed by the nominated responsible person and includes probity check consent.  Please refer to Instruction 5 for information on acceptable signatures. | | | | | | |
| 1. I acknowledge my role is to manage the poisons on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | |
| 1. 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 a 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. | | | | | | |
| 1. I am at least 21 years of age. | | | | | | |
| 1. The information contained in this application form is true and correct. | | | | | | |
| Signature: |  | Name: |  | Date: |  |  |
|  | | | | | | |

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| PART 4: PAYMENT and CHECKLIST |

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| Payment: | | | | | | | | | | | | | | | | | |
| **Fee: $380** | | | | | | | | | | | | | | | | | |
| Comprising a non-refundable application fee of $218 and 1 year Licence of fee $162.  Licence fee will only be refunded if the Licence is not issued. | | | | | | | | | | | | | | | | | |
| * + 1. Credit Card – American Express and Diners not accepted | | | | | | | | | | | | | | | | | |
|  | Card type: | MasterCard | | | | | Visa | | | | | | | | | | |
|  | Name on card: |  | | | | | | | Card number: |  | | | | | | |  |
|  | Expiry date: |  | | | | Amount:  **$380** | | | | | | | | | | | |
|  | Signature of cardholder: | | |  | | | | | | | | | Date: | |  |  | |
|  | | | | | | | | | | | | | | | | | |
| * + 1. Direct debit to bank | | | | | | | | | | | | | | | | | |
|  | **Please quote applicant’s name or business name in the reference** | | | | | | | | | | | | | | | | |
|  | Bank: Commonwealth Bank: | | | | **BSB**: 066 040 | | | **Account number:** 13300018 | | | | Amount: **$380** | | | | | |
|  | Receipt Number: | |  | | | | | | | | Payment date: | | |  | |  | |
|  | | | | | | | | | | | | | | | | | |
| * + 1. Cheque or money order – made payable to DEPARTMENT OF HEALTH | | | | | | | | | | | | | | | | | |

**Please keep a copy of the completed application form for reference**

Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

**PART 4: PAYMENT and CHECKLIST**

|  |  |
| --- | --- |
| Checklist | |
| Please ensure all the appropriate requested documentation is attached for: | |
| **Part 1 Application for a Schedule 7 Retail Licence** | |
|  | If the Licence is being issued to a corporation, attach a copy of the Current Company Extract from ASIC (with details of all company directors and secretary (Section 1.2.1) |
|  | If the business has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 1.3) |
|  | Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person **if** different from the Licence holder (Section 3.2) |
|  | If applicable, evidence of local government approval to operate the business from the premises (Section 3.3.1) |
|  | Diagram of the premises, showing where the Schedule 7 poisons will be stored (Section 4.2.1) |
|  | If applicable, a copy of the Dangerous Goods Licence (Section 4.3) |
|  | Copy of relevant sections if there are multiple premises (Section 6) |
|  | Declaration signed and dated by **applicant** (individual Licence holder, corporate officer or partner)(Section 7) |
| **Part 2: Personal information, fitness and probity for applicant (nominated Licence holder):**  **Individual applicant, each corporate officer or each partner** | |
|  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 8.2) See Appendix A for a list of persons authorised to witness a signature |
|  | If the applicant is a corporation or partnership, attach a CV and copy of qualifications for each corporate officer or partner (Section 8.3) |
|  | If applying as an individual person, attach copies of qualifications and/or training. (Section 9.1) |
|  | If applying as an individual person, attach a copy of CV. A CV is not required if experience is described on this form at Section 9.1. |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 11.1) |
|  | A copy of the NPC Certificate which is not more than 12 months old (Section 11.2) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 11.3) |
|  | Declaration about personal information signed by applicant (individual Licence holder, corporate officer or partner (Section 13) |
| **Part 3: Personal information, fitness and probity for responsible person** | |
|  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 14.3) See Appendix A for a list of persons authorised to witness a signature |
|  | Copies of qualifications and/or training. (Section 15.1) |
|  | Copy of CV. A CV is not required if experience is described on this form at Section 15.1 |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 17.1) |
|  | A copy of the NPC Certificate which is not more than 12 months old (Section 17.2) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 17.3) |
|  | Declaration about personal information signed by responsible person (Section 18) |
| **Part 4: Declaration and Payment** | |
|  | Payment details completed with correct signature if paying by credit card (Section 19) |

# 

# 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 |  |