



Application to Amend, Replace or Extend a Technicians Licence

Health (*Pesticides*) Regulations 2011

Name of Licence holder: _____ Licence No: _____

I am applying to (tick all that apply):

- Amend (includes upgrading from provisional licence) Replace a lost Licence
 Extend a provisional licence

1. Applicant Details and Proposed Amendments

Tick boxes that apply and please PRINT clearly			Fee
<input type="checkbox"/>	Contact Details:	Mob: _____ Ph: _____	NA*
	Email:	_____	
	Postal Address:	_____ P/C: _____	
	Residential Address:	_____ P/C: _____	
	Employed by Registered Pest Business:	DOH Registration No: _____	
<input type="checkbox"/>	Endorsement (s)	<p>List endorsement(s) to Remove:</p> <hr/> <p>Tick endorsement(s) to Add:</p> <p><input type="checkbox"/> Bushland /Mine site Re-habilitation / Landscaping</p> <p><input type="checkbox"/> Commercial/Domestic Pests</p> <p><input type="checkbox"/> Crops & Pasture <input type="checkbox"/> Dieback Control</p> <p><input type="checkbox"/> Feral Pigeon Control <input type="checkbox"/> Feral Vertebrates</p> <p><input type="checkbox"/> Forestry <input type="checkbox"/> Fumigation</p>	FA*



		<input type="checkbox"/> Lawns & Garden <input type="checkbox"/> Pest & Weed Control – Non Cropping <input type="checkbox"/> Sales <input type="checkbox"/> Termites & Timber Pests <input type="checkbox"/> Turf Management	
<input type="checkbox"/>	Restricted Use Pesticide(s)	<input type="checkbox"/> List restricted-use pesticide(s) to Remove	FA*
		<input type="checkbox"/> List restricted-use pesticide(s) to Add	

<input type="checkbox"/>	Condition(s):	<input type="checkbox"/> List Condition(s) to amend and reason for seeking amendment	FA*
<input type="checkbox"/>	Extend a Provisional Licence	<input type="checkbox"/> I request an extension of _____ months Important Information: Extensions cannot be granted for more than 12 months. You cannot hold a provisional licence for more than 3 years. Therefore ensure you complete your training within 3 years.	FA*
	Upgrade from a provisional Licence to a Technicians Licence	<input type="checkbox"/> Upgrade to current expiry date OR <input type="checkbox"/> Upgrade licence for 12 months from current expiry date	FA*
<input type="checkbox"/>	Replace a Lost Card:	You will need to provide a new photo if the photo on your licence has not been replaced in the past 5 years.	FA*

* NA – not applicable FA – Fee applies - refer to fees page on our website



2. Check List and Applicant Declaration

☑ Before lodging this application or making a payment, use this checklist to ensure it is complete – Tick all the relevant boxes

As a provisional technician I understand that I am bound by the terms and conditions as set out in the *Health (Pesticide) Regulations 2011*.

As a technician I understand that I am bound by the terms and conditions as set out in the *Health (Pesticide) Regulations 2011*.

The Statement of Attainment or Qualifications from a Registered Training Organisation to amend my licence is enclosed.

I, the person making this application, declare that the information contained in this application is true and correct:

_____ Date / /

Signature of Applicant

Unsigned and incomplete applications will be returned unprocessed

3. Payment of Application Fee Options

Fees are reviewed annually and subject to change. **Refer to the fees page on our website for the amount.** Fees to amend a Provisional and Pest Management Technician's licence are not subject to GST.

Please tick your chosen payment option

By Cheque / Money Order

By Credit Card

Please charge my MasterCard Visa

Card No Card Expiry Date

Cardholder's Name (please print) _____

Cardholder's Signature _____ Amount Paid \$ _____

By Direct Deposit



- Quote your full name.
- Use BSB Number 066-040 and account number 133 000 18.
- **ATTACH COPY OF PAYMENT CONFIRMATION WITH THIS APPLICATION.**

Licence Number

Applicant's Name:

Receipt Email Address:

4. Lodging this Application and Enquiries

Ensure you provide any documents required to support your request and attach them to the back of the application. Where there is insufficient space, attach a separate page to the application with your name and signature.

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

Post to:

Pesticide Safety Program

Department of Health WA

P.O Box 8172

Perth Business Centre WA 6849

Phone: (08) 9222 2000

Email: pesticidesafety@health.wa.gov.au

Website: www.public.health.wa.gov.au

ABN: 28 684 750 332

Office Use Only

Licence No.		Date of Expiry __/__/____	
<input type="checkbox"/> Recommended for Approval		<input type="checkbox"/> NOT recommended for Approval	
Name Dept. Officer	Sign	Date __/__/____	
<input type="checkbox"/> Approved		<input type="checkbox"/> NOT Approved	
Name Dept. Authorised Officer	Sign	Date __/__/____	