



General Information

1. This information has been prepared to assist you to apply to vary your Pest Management technician licence. Following this advice will help your application to be processed quickly.
2. Application can only be made if licence is current.
3. When completing the form, please print clearly and answer all questions in full including checking appropriate boxes.
4. Applications are processed only when **all** the information requested is provided. You will be notified by mail if the licence is granted.
5. All parts of the application form requiring a signature must bear the original signature in ink. The Department of Health is **not** able to accept a photocopy, facsimile (fax) or emailed copy of the completed form.
6. Each page of any photocopied official documents that are submitted in support of this application **must bear the certification and original signature of an authorised Identifier** i.e. Justice of the Peace, Commissioner for Declarations, doctor, police officer, solicitor or an officer from the Queensland public health system in either the licensing section of the Health Protection Unit or the environmental health section of your local Hospital and Health Services Public Health Unit (PHU). PHU contact details are located at www.health.qld.gov.au/cho.
7. Refer to the Queensland Government's business and industry portal at www.business.qld.gov.au to ensure that you are familiar with business requirements for Queensland.
8. A copy of the legislation can be accessed electronically on the Queensland legislation webpage at: www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PestManA01.pdf
9. Additional information can be accessed at www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp
10. General enquiries can be made to: – HPU Licensing on (07) 3328 9310 or by Email: HPU_Licensing@health.qld.gov.au
11. Completed application forms must be posted to:
Chief Executive
c/o Senior Licensing Officer
Health Protection Unit
Queensland Health
PO Box 2368
FORTITUDE VALLEY QLD 4006

Question 1

- Cross the box(es) that describe the nature of the variation for which the application is being made. Complete each question stated.

Question 2

- Names are to be provided in full and exactly as they appear on your existing licence.
- State the number of your existing licence.

Question 3

- Cross the box that describes your preferred method of payment.

Question 4

Pest control activity - excluding timber pests

- Attach technical qualification required for eligibility - a *certified true and correct photocopy of a Statement of Attainment or full certificate with accompanying units of competency.

Question 5

Pest control activity – including timber pests

- Attach technical qualification required for eligibility - a *certified true and correct photocopy of a Statement of Attainment or full certificate with accompanying units of competency.

Question 6

Fumigation activity

- Attach technical qualification required for eligibility – a *certified true and correct photocopy of a Statement of Attainment or full certificate with accompanying units of competency in unit CPPPMT3011 or PRMPM11.
- Attach 'Declaration of Assessment' or similar document for the site environments you wish to vary – a *certified true and correct photocopy of evidence of competency in the specified site environments. The Declaration of Assessment is completed and issued by the assessor engaged and authorised by a registered training organisation, to issue a Declaration of Assessment. The Declaration of Assessment is the assessor's testimony stating that the applicant has been assessed in and is competent to perform a fumigation of the specific site environment/s nominated in this application. Assessment involves the applicant actually performing a fumigation of the site environment in the presence of the assessor.
- Check the site environments listed on your 'Declaration of Assessment'.

Question 7

Fumigation activity - variation of site environments

- Attach 'Declaration of Assessment' or similar document for the site environments you wish to vary – a *certified true and correct photocopy of evidence of competency in the specified site environments .The Declaration of Assessment is completed and issued by the accredited trainer and assessor engaged and authorised by a registered training organisation, to issue a Declaration of Assessment. The Declaration of Assessment states that the applicant has been assessed in and is competent for that particular site environment nominated in this application. Assessment involves the applicant actually performing a fumigation of the site environment in the presence of the assessor.
- The form is signed in ink with your original signature and dated.

Credit card payments ▶ return this page only if payment is being made by credit card transaction

- The card no. is accurate and legible. ¹ Do not overwrite any digits.
- The expiry date is completed and the card has not lapsed. ¹ Do not overwrite any digits.
- The cardholder has signed the form in ink with an original signature and dated the form.

¹ If an error is made, cross through the digit using a single line, write the correct digit above and initial the change.

Refunds

Queensland Health can only provide a refund if –

- (a) the application is refused by the Chief Executive
- (b) the application is withdrawn prior to a decision being made.

Please do not return this guide with the application



Application to vary a pest management technician licence

(Please refer to the guide when completing this application)

1. Type of variation

Indicate by the type of variation to the licence being sought:

- Variation to *pest control activity – excluding timber pests*
- Variation to *pest control activity – including timber pests*
- Variation to *fumigation activity condition*

Variation of condition of licence including:

- Site environments under fumigation activity
- Other additional conditions existing on licence

2. Applicant details

Given names			Surname			
Residential address	Property name					
	Unit / House no		Street name			
	Suburb / Town			State		P'code
Telephone			Mobile			
Private postal address <i>(for all correspondence)</i>	<input type="checkbox"/> As above					
E-mail address						
Licence no	PMT-					

3. Payment of fees

Prescribed fee payable	\$45.50	▶ Refunds - See <i>Fact Sheet</i> ▶ Application may be made for multiple changes on this form without additional cost.
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- Mark as required*
- Tick if receipt required
- Cheque or Money Order enclosed (*payable to Queensland Health*)
- Payment by Credit Card (*see last page*)

Note: This is a GST free item. Queensland Health ABN 66 329 169 412

4. Pest control activity – excluding timber pest activity

- 1 I apply to vary my existing licence to a *Licence as a Pest Management Technician (Pest Control Activity): excluding timber pest activity.*
- 2 I have attached certified evidence of competency in Units CPPPMT3005, CPPPMT3006, CPPPMT3018 or PRMPM05, PRMPM06 and PRMPM18 in *Asset Maintenance (Pest Management – Technical).*

5. Pest control activity – including timber pest activity

- 1 I apply to vary my existing licence to a *Licence as a Pest Management Technician (Pest Control Activity): Including timber pests.*
- 2 I have attached certified evidence of competency in units CPPPMT3006, CPPPMT3008, CPPPMT3010 or PRMPM06, PRMPM08 and PRMPM10 in *Asset Maintenance (Pest Management – Technical).*

6. Fumigation activity

- 1 I apply to vary my existing licence to a *Licence as a Pest Management Technician (Fumigation Activity).*
- 2 I have attached certified evidence of competency in unit CPPPMT3011 or PRMPM11 in *Asset Maintenance (Pest Management – Technical)* and a *'Declaration of Assessment'*. The Declaration of Assessment is completed and issued by the accredited trainer and assessor engaged and authorised by a registered training organisation, to issue a Declaration of Assessment. The Declaration of Assessment is the assessor's testimony stating that the applicant has been assessed in and is competent to perform a fumigation of the specific site environment/s nominated in this application. Assessment involves the applicant actually performing a fumigation of the site environment in the presence of the assessor.

Include the site environments listed on your 'Declaration of Assessment' or similar document

Please

- aircraft
- building
- burrows
- chamber
- container
- ship hold
- silo
- soil
- stack
- small ship afloat (excluding ship hold)
- other- please specify:

7. Fumigation activity - variation of site environments

- 1 I apply to vary the site environments on my existing licence to a *Licence as a Pest Management Technician (Fumigation Activity).*
- 2 I have attached certified evidence of competency in unit CPPPMT3011 or PRMPM11 in *Asset Maintenance (Pest Management – Technical)* and a *'Declaration of Assessment'*. The Declaration of Assessment is completed and issued by the accredited trainer and assessor engaged and authorised by a registered training organisation, to issue a Declaration of Assessment. The Declaration of Assessment is the assessor's testimony stating that the applicant has been assessed in and is competent to perform a fumigation of the specific site environment/s nominated in this application. Assessment involves the applicant actually performing a fumigation of the site environment in the presence of the assessor.

Include the following site environments	Remove the following site environments
<input type="checkbox"/> aircraft <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ship <input type="checkbox"/> silo <input type="checkbox"/> soil <input type="checkbox"/> stack <input type="checkbox"/> small ship afloat (excluding ship hold) <input type="checkbox"/> other- please specify	<input type="checkbox"/> aircraft <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ship <input type="checkbox"/> silo <input type="checkbox"/> soil <input type="checkbox"/> stack <input type="checkbox"/> small ship afloat (excluding ship hold) <input type="checkbox"/> other- please specify:

Signature		Date	
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Credit card payments

- This page should only be completed if payment is being made by MasterCard, Bankcard or Visa card (*American Express and Diners Club cards are not accepted*)
- Please ensure this page is returned with the application only if paying by this method. Do not return this page if payment is being made by cheque or money order.

Name of applicant			
Prescribed fee	\$		
<input checked="" type="checkbox"/> 1 box only	<input type="checkbox"/> MasterCard		
	<input type="checkbox"/> Visa card		
Card no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
Name on card <i>(Please print)</i>			
Signature of cardholder			Date