

APPLICATION FOR A LICENCE AS A PEST CONTROL OPERATOR

The Chief Poisons Inspector
Department of Health and Families
PO Box 40596
CASUARINA NT 0811

I hereby apply for a licence to be a Pest Control Operator under the *Poisons and Dangerous Drugs Act*.
In support of my application I submit the following information:

FULL NAME		DATE OF BIRTH
OCCUPATION		
PROFESSIONAL QUALIFICATIONS		
STATE NAME OF PERSON OR COMPANY BY WHOM EMPLOYED		
NAME OF BUSINESS		
BUSINESS ADDRESS (if more than one premises, show all addresses)		TELEPHONE
HOME ADDRESS		TELEPHONE
POSTAL ADDRESS		
State full details of training and experience in pest control procedures and handling of poisons		
State specifically the name of each Schedule 7 poison, and each category of other poisons, for which a licence is required, and state the proposed purpose of each		
State where poisons will be stored (specify in which part of the premises) and give details of special security arrangements		
State length of period of residence in the Northern Territory or if less than 5 years, state previous place or places of residence		
I understand that the holder of a Pest Control Operator's licence must comply with the provisions of the <i>Poisons and Dangerous Drugs Act</i> and the Code of Practice for the Handling of Pesticides; and is responsible for the personal supervision and control of all poisons in his/her possession.		
SIGNATURE OF APPLICANT	/...../20.....