



Agricultural and Veterinary Chemicals (Control of Use) Act 1995

APPLICATION FOR A CERTIFICATE OF COMPETENCY TO USE AGRICULTURAL AND/OR VETERINARY CHEMICALS

Return this form to:

Maria Hawksley
Licence Coordinator
AgVet Chemicals Program, Product Integrity Branch
PO Box 46, Kings Meadows TAS 7249

Enquiries:

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Email: Maria.Hawksley@dpiwve.tas.gov.au
Web: www.dpiwve.tas.gov.au/chemicals
Phone: 1300 368 550

Applicant

Given names: _____

Family name _____ Date of Birth: ____ / ____ / ____

Residential Address: _____

Postal Address: _____

Contact Nos: After Hours: _____ Business: _____

Mobile: _____ Fax: _____

Email: _____

Self Employed: Yes No

Employer's Name: _____

Address: _____

I, the applicant named above, wish to apply for a **Certificate of Competency** to be a: (tick in box below)

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Category 1 Chemical User - | Fee \$15.80 | | |
| <input type="checkbox"/> Category 2 Chemical User - | Fee \$63.20 | | |
| | <input type="checkbox"/> Non-cropping situations | <input type="checkbox"/> Cropping situations | <input type="checkbox"/> Forestry |
| <input type="checkbox"/> Category 3 Chemical User - | Fee \$63.20 | | |
| | <input type="checkbox"/> Non-cropping situations | <input type="checkbox"/> Cropping situations | <input type="checkbox"/> Forestry |
| <input type="checkbox"/> Pest Management Technician - | Fee \$79.00 | | |
| <input type="checkbox"/> Phosphine User - | Fee \$31.60 | | |
| <input type="checkbox"/> Methyl Bromide User - | Fee \$31.60 | | |

The Application Fee of \$_____ is enclosed

In making this application I declare that the information provided is accurate.

Signature: _____

Date: ____ / ____ / ____

OFFICE USE ONLY

Application form completed correctly Yes No Date received/Fee to Finance: _____

Queries/deficiencies/archiving _____

Privacy Statement

Personal information will be collected from you for the purpose of granting a **Certificate of Competency** to use agricultural chemical products. This certificate will recognise you as a competent agricultural chemical user in a specific ground spraying discipline or work activity in insect pest, disease or weed control. This information will be used by DPIWVE for determining the relevant application and may be used for other purposes permitted by the *Agricultural and Veterinary Chemicals (Control of Use) Act 1995*. Failure to provide this information may result in your application not being able to be processed.

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to courts and other agencies authorised to collect it. Your basic personal information may also be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to DPIWVE.

APPLICATION FOR CERTIFICATE OF COMPETENCY - AGVET CHEMICAL USAGE

THE FOLLOWING QUESTIONS MUST BE ANSWERED (if space is not sufficient, please attach lists)

1. TICK CLASSES OF CHEMICAL PRODUCTS TO BE USED

- | | | |
|--|---|--|
| <input type="checkbox"/> Insecticides | <input type="checkbox"/> Fungicides | <input type="checkbox"/> Herbicides |
| <input type="checkbox"/> Growth Regulants | <input type="checkbox"/> Rodenticides | <input type="checkbox"/> Bird Control Agents |
| <input type="checkbox"/> 1080 Baits | <input type="checkbox"/> Methyl Bromide Fumigants | |
| <input type="checkbox"/> Phosphine Fumigants | <input type="checkbox"/> Other Chemicals (provide details) | |
- _____
- _____
- _____

2. METHODS/EQUIPMENT USED TO APPLY CHEMICAL PRODUCTS

3. PROVIDE/ATTACH DETAILS OF YOUR TRAINING/QUALIFICATIONS IN THE USE OF AGRICULTURAL AND/OR VETERINARY CHEMICAL PRODUCT(S):

List courses/modules completed and attach copies of other training certificates obtained or details of results, including year completed. Also write details of training currently being undertaken, course names/module numbers and estimated completion date.

OFFICE USE ONLY

TRAINING

CHEMCERT/EQUIVALENT OBTAINED Yes No RTO/Cert. No. _____ Expiry Date: _____

1. CHEMCERT/EQUIVALENT COURSES (If yes, specify): Yes No

Course Name/s:	Module	Issue Date	Expiry	Cert. No.
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2. Other training (Specify)

RECOMMENDATION

ISSUE CERTIFICATE YES NO NEW RENEWAL PROVISIONAL ACCREDITATION YES NO

CATEGORY(s): _____ COMPETENCY ENDS: _____ DATE FIRST ISSUE: _____ DATE CURRENT ISSUE: _____

COMMENTS: _____

CERTIFICATE WORDING: _____

Signature: _____

Date: ____/____/____