

Agricultural and Veterinary Chemicals (Control of Use) Act 1995

APPLICATION FOR AGRICULTURAL AIRCRAFT OPERATOR LICENCE

Enquiries:

Licence Coordinator
AgVet Chemicals Program, Product Integrity Branch
Phone: 1300 368 550

An Invoice will be issued after application is processed

Please return this form to:

Email: chemical.enquiries@nre.tas.gov.au
or
PO Box 46
Kings Meadows TAS 7249

Applicant

Given names: _____

Family name: _____

Company/Organisation _____

ABN: _____

Business Address: _____

Postal Address: _____

Date of Birth: ____/____/____

Contact Nos: After Hours: _____ Business: _____

Mobile: _____ Fax: _____

Email: _____

Do you hold an approved chemical liability insurance policy?

Company: _____

Policy No: _____

Type: _____

Details: _____

I, the applicant named above, as owner or Manager in Tasmania of the business entity named, wish to apply for an **Agricultural Aircraft Operator Licence**.

I agree/do not agree (*circle which applicable*) that the business name and business contact details provided above may be published by the Department of Natural Resources and Environment in a list of licensed Agricultural Aircraft Operators.

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

Signature: _____

Date: ____/____/____

Privacy Statement

Personal information will be collected from you for the purpose of granting an **Agricultural Aircraft Operator Licence** to provide a commercial aerial spraying service using agricultural chemical products. This information will be used by NRE 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 NRE.

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

1. PROVIDE DETAILS OF YOUR AIRCRAFT OPERATOR'S CERTIFICATE

a) Provide details below or attach a copy of the certificate to this application form.

b) Give the name of your Chief Pilot _____

2. PROVIDE DETAILS OF YOUR AERIAL AGRICULTURAL ASSOCIATION OF AUSTRALIA OPERATION SPRAY SAFE ACCREDITATION

Provide details below or attach a copy of the Accreditation Certificate to this application form.

3. WHAT TYPE OF AERIAL SPRAYING OPERATIONS ARE YOU CARRYING OUT?

4. LIST THE LOCATIONS OF ANY PERMANENT OR SEMI-PERMANENT LANDING/MIXING/LOADING STRIPS OR AREAS.

5. LIST THE TYPES, MODELS AND IDENTIFICATION NUMBERS OF AIRCRAFT USED TO APPLY AGRICULTURAL CHEMICALS.

6. LIST THE NAMES AND ADDRESSES OF PILOTS WHO WILL BE APPLYING AGRICULTURAL CHEMICALS FOR YOUR COMPANY/BUSINESS.

OFFICE USE ONLY

Application form completed correctly Yes No Date received: _____

Queries/deficiencies/archiving _____

Date Fee sent to Finance: _____

RECOMMENDATION

ISSUE LICENCE YES NO NEW RENEWAL

RENEWAL ENDS: _____ DATE FIRST ISSUE: _____ DATE CURRENT ISSUE: _____

COMMENTS: _____

CERTIFICATE WORDING: _____

Signature: _____

Date: ____/____/____