

*Agricultural and Veterinary Chemicals (Control of Use) Act 1995*

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

**Enquiries:**

Licence Coordinator  
AgVet Chemicals Program, Product Integrity Branch  
Phone: (03) 6777 2118

**Please return this form to:**

Email: [chemical.enquiries@nre.tas.gov.au](mailto:chemical.enquiries@nre.tas.gov.au)

**Applicant**

Given names: \_\_\_\_\_

Family name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Numbers: 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"/> <b>Category 1 Chemical User -</b>	<b>Fee \$17.00</b>		
<input type="checkbox"/> <b>Category 2 Chemical User -</b>	<b>Fee \$68.00</b>		
	<input type="checkbox"/> Non-cropping situations	<input type="checkbox"/> Cropping situations	<input type="checkbox"/> Forestry
<input type="checkbox"/> <b>Category 3 Chemical User -</b>	<b>Fee \$68.00</b>		
	<input type="checkbox"/> Non-cropping situations	<input type="checkbox"/> Cropping situations	<input type="checkbox"/> Forestry
<input type="checkbox"/> <b>Pest Management Technician -</b>	<b>Fee \$85.00</b>		
<input type="checkbox"/> <b>Phosphine User -</b>	<b>Fee \$33.97</b>		
<input type="checkbox"/> <b>Methyl Bromide User -</b>	<b>Fee \$33.97</b>		

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 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.

# 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"/> <b>Other Chemicals (provide details)</b> |  |
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## 2. METHODS/EQUIPMENT USED TO APPLY CHEMICAL PRODUCTS

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## 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.

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### 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)

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#### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_