

Controlled Substances Licence

Application form

for Vertebrate Toxic Agents and Fumigants

pursuant to Section 94B of the Hazardous Substances and New Organisms (HSNO) Act 1996,
or as a condition of registration under the Agricultural Compounds and Veterinary Medicines
(ACVM) Act 1997

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20 Custom House Quay
PO Box 131, Wellington
Phone: 04-916 2426 Fax: 04-914 0433
Email: info@ermanz.govt.nz
Web: www.ermanz.govt.nz

Note for Applicants

- how to complete this form

Before you start the application process it is recommended that you look at the CSL Applicant Guide (ER-UG-CSL-01-4 07/09). The process can take some time so you need to plan carefully.

This form is used for both an application for a CSL and any future renewals for Vertebrate Toxic Agents (VTAs) and Fumigants.

Complete in your own handwriting and in BLOCK letters

Instructions for completing each section are shown in the left hand column. Further information is available in the CSL Applicant Guide.

Ensure the whole form is completed and attach all necessary extra documents and the fee. The standard processing time for applications is 20 working days *after receipt of all necessary information* by ERMA New Zealand.

Application is made through a Test Certifier. A list of Test Certifiers can be found at

<http://www.ermanz.govt.nz/find/TestCertifierSearch.aspx>.

This form was approved by the General Manager Hazardous Substances, ERMA New Zealand on 01 April 2010.

ERMA Use Only:	FA <input type="checkbox"/>	PC <input type="checkbox"/>	Licence Number:
Test Certifier Use Only:			
Test Certifier Reference Number:	Applicant Name:		
Consent to Disclose Form sent to ERMA NZ on / /	Fit and Proper Person results received on / /		
Correct licence requirements completed	<input type="checkbox"/>	Trusted referee meets criteria	<input type="checkbox"/>
Applicant aware of any ACVM requirements	<input type="checkbox"/>	Declarations signed by applicant & referee	<input type="checkbox"/>
Approved Handler Certificate sighted, copy attached	<input type="checkbox"/>	Original Consent to Disclose Form attached	<input type="checkbox"/>
Applicant aged 17 years or over	<input type="checkbox"/>	Behaviour History supporting evidence attached	<input type="checkbox"/>
Evidence of Identity provided: -Original documents sighted & returned -Verified copy of 3 identity documents attached -Photos provided (one signed by trusted referee)	<input type="checkbox"/>	Work requirement <i>either</i> Statutory declaration attached	<input type="checkbox"/>
	<input type="checkbox"/>	<i>or</i> Work need verified by Test Certifier	<input type="checkbox"/>
	<input type="checkbox"/>	Application sent to ERMA New Zealand on / /	
		Test Certifier records updated	<input type="checkbox"/>
		Test Certifier Signature:	
Test Certifier name:		Date: / /	

Section A – Licence Requirement Details

1. Licence Required

This section should be **completed in discussion with your Test Certifier.**

Tick only the substance and lifecycle phase(s) required.

Note however that:

- a CSL can only be issued for those **substances named and lifecycles listed** on your approved handler certificate;
- **pilots** for aerial application only, use form ERF-AF-CSL-04-01 07/09
- for pindone requirements Talk to your test certifier; and
- to apply for the transport phase your driver's licence must have a "D" endorsement.

	Manufacture	Sale	Disposal	Storage	Use	Transport	Soil fumigation	Space fumigation
Vertebrate Toxic Agents								
3-chloro-p-toluidine hydrochloride								
potassium cyanide								
sodium cyanide								
yellow phosphorus								
sodium fluoroacetate (1080)								
pindone								
Fumigants								
1,3-dichloropropene								
1,3-dichloropropene & chloropicrin								
chloropicrin								
hydrocyanic acid								
methyl bromide								
methyl bromide & chloropicrin								
phosphine								
aluminium phosphide								
magnesium phosphide								

2. Approved Handler

Attach a copy of the certificate.

Note the expiry date of your CSL will be aligned with the expiry date of your certificate.

Certificate Number
Expiry date

Copy of certificate attached

Section B – Applicant Details

3. Name

This should be your full names as recorded on your birth certificate, unless your name has been legally changed.

Applicant Name

--

Surname/ Family name

--	--

First name

Second names

Include any other name used now or in the past and reasons for this. Continue on a separate piece of paper if you need.

Other Names Used

--	--	--

Surname/ Family name

Given names

Reason for other name

Tick this box if you have attached further information.

4. Address

The CSL will be sent to this postal address.

Applicant's Postal Address

These details are required if we need to contact you about your application.

Applicant's Residential Address

Applicant's Telephone Numbers/ Email

--	--

Mobile

Work

--	--

Home

Email

5 Age and Gender

You must be 17 years of age or over to apply for a Licence.

Date of Birth

--

Gender:

Male

Female

Section C – Evidence of Identity

6 Identity Documents

You must provide copies of one (1) primary and two (2) secondary documents. At least one of these should be a photographic identity document.

Note that the Test Certifier will need to see both the original and a copy of your identity documents unless the copy has been verified as authentic by the issuing authority.

Documents should be current. IRD, Electoral Roll, Utility or Bank account documents must be less than one year old.

The documents should show the name that will be recorded on your CSL, unless you provide supporting evidence for another name.

You must enclose a copy of one (1) of the following primary documents: *(tick those you have supplied)*

- New Zealand Firearms Licence
- New Zealand Passport
- Previous Controlled Substances Licence
- New Zealand Full Birth Certificate
- New Zealand Citizenship Certificate
- New Zealand Certificate of Identity
- Overseas Passport (with New Zealand Immigration Visa/ Permit)

You must also enclose a copy of two (2) of the following secondary documents: *(tick those you have supplied)*

- NZ Drivers Licence
- International Driving Certificate
- Photo ID (Student ID, HANZ 18+ID, Employee ID)
- Community Services Card
- Electoral Roll Confirmation of Enrolment Letter
- IRD Statement
- Utility Account Bill (Power, Gas or Telephone)
- Bank Statement

Does the name on the identity documents given match the name given in section B?

- Yes No - supporting evidence* attached

7. Photographs

You must enclose two (2) passport photographs of yourself. One must be signed by your Trusted Referee.

- Two (2) passport photographs attached**
- One (1) of the photographs has been signed by my Trusted Referee**

8. Trusted Referee

Your Trusted Referee must meet certain criteria and complete the Referee statement: see the Applicant Guide.

- Trusted Referee Statement (Schedule 1 of this form) completed and attached**

Section D – Work Assessment

(not required for Pindone)

1. You must indicate that you require a licence to possess VTAs or fumigants for work purposes by **completing either section 9 or 10 AND** the verification section at the bottom of the page.
2. If you do not answer section 9 or 10, you will not be issued a licence.

9. Employed or Contractor

OR 10. Self Employed, Voluntary Work

Employer or Primary Contracting Agency Name

(If you have more than one contract, provide details of your primary contracting agency.)

--

Postal Address

Mobile	
Work	
Fax	
Email address	

Details

(provide separate sheet if necessary)

--

Verification

3. You must supply a completed statutory declaration form which has been witnessed by an approved person (see appendix 1)
- OR**
4. Satisfy a test certifier that you meet the work need requirements for these substances. For more information on evidence that may be acceptable for a test certifier to verify your work need see the Applicant Guide.

Test certifier verification:

I verify that the above details are correct and that the applicant requires possession of the substances in Section A for work.

Signed Test Certifier:
Test certifier number:

Date:

Section E – Fit and Proper Person Assessment

11. Behavioural History

You do not need to disclose any convictions that are covered by the Criminal Records (Clean Slate) Act 2004. For details see the Applicant Guide.

If you have ticked any of the boxes please provide further information on why you should still be considered for a CSL. Details on further information required are contained in the Applicant Guide.

For further information about these questions and reasons that mean that you may not meet the fit and proper person criteria please see the Applicant Guide.

Have you any reason to think you may not meet the fit and proper person criteria? (Tick the boxes that apply to you)

- I have court convictions or court orders made against me in New Zealand or overseas;
- I am or have been involved in legal action or criminal investigation in New Zealand or overseas;
- I have had a protection order or orders (including a temporary protection order made against me);
- I have had four or more infringement notices issued against me in the last two years;
- I have had an infringement notice issued against me that relates to my possession or use of a hazardous substance;
- I have a history of violence (whether or not I have been convicted of such an offence);
- I have a history of drug or alcohol abuse (whether or not I have been convicted of such an offence);
- I have been a member or supporter of any group that advocates:
 - the use of violence or criminal activity to achieve its purpose; or
 - undermining the government of any country by illegal means; or
 - violation of the rights of any ethnic, religious or political group.
- Other
- None of the above apply to me

Tick here if you have attached additional information

12. NZ Police Check

*You must attach:
- a copy of your current valid NZ firearms licence; or
- a completed Consent to Disclose Information form (provided at the back of this application form).*

Copy of NZ Firearms Licence attached

Firearms Licence Number _____

Firearms Licence Expiry Date _____

Completed original of Consent to Disclose Information form (ER-TF-01-03 07/09) attached.

Section F - Declaration

I _____ of _____
Your full name Occupation City, town or district where you live

declare that the information I have supplied for this application form and the Consent to Disclose Information form is true, complete, and correct, and in my own handwriting.

I acknowledge that it is an offence to provide false or misleading information in order to gain a CSL and if a CSL is obtained by false or misleading information, then the CSL can be suspended or revoked and the person or persons concerned can be fined or imprisoned or both.

I understand that the information I have provided on this form and on any accompanying document, or information which is obtained from other sources is to assist ERMA New Zealand in determining my identity and eligibility for a CSL in accordance with the Hazardous Substances and New Organisms (HSNO) Act 1996 and as a condition of registration under the Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997.

I acknowledge that this information will be processed and held by ERMA New Zealand, P.O. Box 131, Wellington, and that under the Privacy Act 1993 I am entitled to access the information held about me and to ask for correction should that be necessary.

I accept that the information I have provided may be released to:

- any HSNO Enforcement Agency as defined by section 97 of the HSNO Act for the purpose of administering the provisions of the HSNO Act;
- New Zealand Food Safety Authority for the purpose of enforcing the provisions of the Agricultural Compounds and Veterinary Medicines Act 1997; and
- Any government agency whose legislation requires that the information ERMA New Zealand holds is released to them. For example: Inland Revenue and New Zealand Police.

I consent to ERMA New Zealand making inquiries into my fitness to hold a CSL and to verify any of the information provided by me with the issuing agency or individual concerned, both before and after a CSL has been issued to me. I authorise ERMA New Zealand to release or disclose all relevant information to any person, including the New Zealand Food Safety Authority and New Zealand Police, for the purpose of issuing, suspending or revoking any CSL which may be issued to me.

I acknowledge that my CSL may be suspended or revoked for any of the reasons specified in sections 6D and 6E of the Hazardous Substances and New Organisms (Personnel Qualifications) Regulations 2001.

Your signature

Date signed

Applicant Self Check		Payment enclosed	
Approved Handler Certificate attached	<input type="checkbox"/>	Work requirement supporting material attached	<input type="checkbox"/>
Evidence of Identity provided:		Behaviour History supporting evidence attached (if needed)	<input type="checkbox"/>
-Originals and copies of 3 identity documents	<input type="checkbox"/>	Declaration signed	<input type="checkbox"/>
-Change of Identity document (if needed)	<input type="checkbox"/>	Trusted referee statement completed and attached	<input type="checkbox"/>
-Photos provided (one signed by trusted referee)	<input type="checkbox"/>	Completed Consent to Disclose Form attached	<input type="checkbox"/>

To the Referee: You have been asked to act as a referee for a person applying for a licence to possess Vertebrate Toxic Agents. You must complete this form in your own handwriting. If you cannot provide all the information required below or do not meet the requirements then you should not act as the referee.

1. Referee Identity Details

Surname/Family Names

Given/First Names

Which of these are you?

<input type="checkbox"/> registered lawyer	<input type="checkbox"/> justice of the peace	<input type="checkbox"/> police officer
<input type="checkbox"/> kaumatua	<input type="checkbox"/> applicant's employer	<input type="checkbox"/> registered teacher
<input type="checkbox"/> minister of religion	<input type="checkbox"/> senior government official	<input type="checkbox"/> registered accountant
<input type="checkbox"/> elected official	<input type="checkbox"/> registered medical professional	<input type="checkbox"/> firearms licence holder

Record the name and address of the business or organisation you work for, if applicable

2. Referee Identity Document

Please provide details of at least **one** of the following current identity documents

Passport Number and Issuing Country

New Zealand Driver's Licence Number

Controlled Substances Licence Number

Firearms Licence Number

Other NZ verified identity document

3. Referee Contact Details

Residential Address

Postal Address

Home Number

Work Number

Mobile Number

Fax Number

Email Address

4 Referee Knowledge of Applicant

How long have you know the applicant?

What is your relationship to the applicant?

5 Signed Photograph of the Applicant

To be completed by the referee

I have signed the back of one of the photographs as shown in the example to the right.

Certified true likeness of:
Joseph Henry Bloggs
(Full name of Applicant)
Trusted Referee
(Signature of Trusted Referee)

Date: 26 July 2009

6 Referee Declaration

I _____ of _____
Your (the referee's) full name *occupation* *City, town or district where you live*

declare that :

- I am over 17 years of age;
- I have known the applicant for at least 12 months;
- I am not a relative or partner of the applicant, living with the applicant, or a test certifier;
- the information I have supplied in this Trusted Referee Statement, is true and correct and is in my own handwriting;
- the photograph I have witnessed is of the applicant named in the application form Section A – Applicant's Details
- the details provided by the applicant in the application form are also, to the best of my knowledge, true, complete and correct.

I understand that it is an offence to make a false declaration, including supplying false or misleading information.

I consent to ERMA New Zealand verifying any of the information provided by me, both before and after a Licence has been issued to the applicant. I authorise ERMA New Zealand to release or disclose all relevant information to any person, including the New Zealand Food Safety Authority, for the purpose of issuing, suspending or revoking the applicant's Licence.

Your (the referee's) signature

Date signed

Consent to Disclose Information Form

(ERMA 127/01)

Police check for Controlled Substances Licence

Note to NZ Police: The applicant is seeking a Controlled Substances Licence for Vertebrate Toxic Agents / Fumigants/ Class 1 Explosives*

*(applicant please strike out the substance type(s) that do not apply)

PLEASE PRINT LEGIBLY. YOU MUST COMPLETE EACH SECTION.

Applicant Names

Surname/ Family name

Given names

Other names used

Gender

Male

Female

Date of Birth

Place of Birth

Residential Address

Suburb

Town/ City

Home Phone

Mobile Phone

Work Phone

Fax Number

NZ Firearms Licence Number

Expiry Date

NZ Drivers Licence Number

Expiry date

Note to Applicant: By signing below, you consent to:

1. the release of the information you provide on this form to ERMA New Zealand and to the NZ Police. The information will be used for the purpose of obtaining a NZ Police check. See clause 6B of the Hazardous Substances and New Organisms (Personnel Qualifications) Regulations 2001;
2. the NZ Police disclosing any information relevant to the Fit and Proper person check to ERMA New Zealand, subject to the Criminal Records (Clean Slate) Act 2004; and
3. ERMA New Zealand disclosing the results of the Fit and Proper Person check to the test certifier/ trainer named below.

I, the undersigned, consent to the use of the information on this form for the purposes described in 1, 2, and 3 above:

Applicant's Signature: _____

Date: _____

Test Certifier/ Trainer Name: _____

TC Ref Number: _____

The Fit and Proper Person Check involves:

An assessment of any the following matters relating to an applicant

- court convictions or court orders made in New Zealand or overseas (other than convictions covered by the Criminal Records (Clean Slate) Act 2004).
- legal action or criminal investigation in New Zealand or overseas
- protection order or orders (including a temporary protection order)
- four or more infringement notices issued in the last two years
- any infringement notices issued that relate to possession or use of a hazardous substance
- a history of violence (whether or not convicted of such an offence);
- a history of drug or alcohol abuse (whether or not convicted of such an offence);
- membership of or support for any group that advocates:
 - the use of violence or criminal activity to achieve its purpose; or
 - undermining the government of any country by illegal means; or
 - violation of the rights of any ethnic, religious or political group.

The nature of any issues and when these occurred are taken into account in the assessment. An applicant is asked to provide further information on why they should be considered for a Controlled Substances Licence if any of the above matters apply to them.

Advice Provided By the New Zealand Police

- any information collected in the course of a New Zealand Police investigation that relates to the applicant's conduct
- any matters disclosed to the Authority by the New Zealand Police in relation to the applicant, including any objection to the issue of a licence.

Other Information

- any allegations made by someone concerning a person's suitability to hold a licence. Such allegations will be investigated before they are relied upon.
- if an applicant provides false, misleading or non disclosure of information during the application process the fit and proper person check is likely to be declined unless there is a convincing or reasonable explanation otherwise.

If ERMA New Zealand consider that an applicant may not pass the fit and proper person check, that applicant will be notified and given the opportunity to respond before a final decision is made on whether to issue a CSL.

APPENDIX 1 – Statutory declaration of work need

I, _____ [full name],
of _____
_____ [full address],
_____ [occupation],

solemnly and sincerely declare that being the applicant for a Controlled Substance Licence under section 95B of the HSNO Act, require possession of the hazardous substances listed in **Section A** (*licence requirement details*) for the purposes of my work as indicated in **Section D** (*work assessment*) of the attached application for a Controlled Substance Licence in my name.

I declare that the statements made in this application are, to the best of my knowledge, true, complete and correct.

I understand that if I have provided false information my Controlled Substance Licence can be revoked or suspended and I can, by law, be fined or imprisoned.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature (of applicant)

Declared at _____ this _____ day of _____ 20 _____

before me:

Signature

[Name] Barrister or Solicitor of the High Court of New Zealand
[or Justice of the Peace, Notary Public, Registrar or Deputy Registrar of a New Zealand Court]