



## Pest Management Association of NZ (Inc.)

### Application for Master Registered Technician



#### Personal Details

Name:	
Address:	
Mobile Phone:	Email Address:

#### Employment Details – who do you work for, or are you a SoleTrader? *(leave blank if details are the same as above)*

Company Name:	
Company Address:	
Business Phone:	Business Email Address:

#### Checklist – please include copies of the following with your application:

Document required	√
New Zealand Certificate in Pest Operations (Level 3) (Urban Pest Control) or National Certificate in Urban Pest Management (Level 2) Or Equivalent overseas qualification (NZQA confirmation attached)	
Health & Safety Policy copy (if an employee of a Company and this has already been submitted this is not required)	
Public Liability Insurance confirmation	
Passport size photo in jpeg file format (for ID Badge)	

#### Services offered

- A. Pest Control Services To enable us to accurately direct public enquiries to you, please tick the appropriate boxes for the services you provide:

Mice	Spiders	Birds
Rats	Silverfish	Possums
Ants	Bees	Rabbits
Fleas	Wasps	Feral Cats
Flies	Borer	Ferrets
Cockroaches	Mites	Bed Bugs
Other – please specify		

**B. Fumigation**

<b>Please specify</b>
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**C. Other Services**

<b>Please specify: (tick if applicable)</b> Weed Control Carpet cleaning Product supplies: Other services:
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**Education, Training and Qualifications**

1. How many years' experience does you have in Pest Control? \_\_\_\_\_

2. Please complete the following section to indicate any other qualifications in Pest Management (please specify)

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\_\_\_\_\_

Please give a short resume of your practical experience and experience in Pest Control.

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**General Information**

PMANZ Inc. is run by pest controllers for pest controllers. What contribution do you believe you can make to further the objectives of the Industry Association?

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Applicants are required to have their application **nominated and seconded by current** members of PMANZ.

Nominated by:

<b>Name:</b>	<b>Signature:</b>
<b>Contact number:</b>	

Seconded by:

<b>Name:</b>	<b>Signature:</b>
<b>Contact number:</b>	

If accepted by the PMANZ Inc. I agree to be bound by the rules and regulations of the Association.

**Signature of Applicant:**

**Date:**

Thank you for your interest in becoming a member of PMANZ.

Applicants are asked to note that:

- Applicants will receive notification of their application within one month of receipt in PMANZ office if documentation is complete
- To be eligible to use the PMANZ name and logo in advertising material, including Yellow Pages advertising, membership must be current and fully financial. Not applicable to Trainee members.
- Membership becomes effective on notification by the Executive Secretary and payment of the appropriate subscription
- Please do not send money with your application. Once you have been notified of acceptance an invoice will be issued.

Please electronically scan and email your application to [info@pmanz.nz](mailto:info@pmanz.nz)

Or post to:

PMANZ  
P O Box 133215  
Eastridge  
Auckland 1146

Should you have any questions please do not hesitate to contact the secretary on 0800 476 269