



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 Sole Trader? *(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 to avoid delays in processing application:

Documents required	v
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

Please specify

C. Other Services

Please specify: (tick if applicable)
Weed Control
Carpet cleaning
Product supplies:
Other services:

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)

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

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?

References

Please supply the names and contact details of **two** suitable referees. These could be existing members of PMANZ, Registered Pest Control Technicians or Industry Supplier Companies.

1.

Name		Contact Phone Number
Company:		

2

Name		Contact Phone Number
Company:		

Applicants are required to have their application **nominated and seconded by current** members of PMANZ. Contact the PMANZ office, 0800 476 269 for the name and contact details of a suitable person.

Nominated by:

Name:	Signature:
--------------	-------------------

Seconded by:

Name:	Signature:
--------------	-------------------

If accepted by the PMANZ Inc. I agree to be bound by the rules and regulations of the Association. These will be provided to you at time of acceptance.

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

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