



# Pest Management Association of NZ (Inc.)

## Application for 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
<p>The following <b>four unit standards</b> from the <b>New Zealand Certificate in Pest Operations (Level 3)</b> (Urban Pest Control):</p> <ul style="list-style-type: none"> <li>• <b>Unit standard 28786</b> Demonstrate knowledge of the purpose and impacts of urban pest management; and</li> <li>• <b>Unit standard 28787</b> Demonstrate knowledge of the legislative framework and regulatory controls governing the urban pest management industry; and</li> <li>• <b>Unit standard 28790</b> Identify pests, assess pest activity and recommend integrated pest management or a standard treatment; and</li> <li>• <b>Unit standard 28791</b> Apply pest management services in the urban pest management industry.</li> </ul> <p>Or</p> <p>The following <b>three core units</b> from the <b>Australian Pest Management Qualification CPP30115</b> Certificate III in Pest Management:</p> <ul style="list-style-type: none"> <li>• <b>CPPPMT3005</b> Manage pests without applying pesticides; and</li> <li>• <b>CPPPMT3006</b> Manage pests by applying pesticides; and</li> <li>• <b>CPPPMT3018</b> Maintain equipment and pesticide storage area in pest management vehicles.</li> </ul>	
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.

\_\_\_\_\_

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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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## 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.

<b>Name</b>		<b>Contact Phone Number</b>
<b>Company:</b>		

2

<b>Name</b>		<b>Contact Phone Number</b>
<b>Company:</b>		

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:

<b>Name:</b>	<b>Signature:</b>
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Seconded by:

<b>Name:</b>	<b>Signature:</b>
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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](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