

Notice to Chief Executive Change in Circumstances

This form should be used when a pest management technician advises Queensland Health of a change of name, residential address, business address, postal address, employer details or premises where pesticides or fumigants are stored.

- Advice of a change must be given within 21 days of the change occurring.
- Change of a technician's name will require the issue of a replacement licence.

1 Technician details

Given names		Surname	
Licence no.	PMT-		

Please specify changes at the relevant section(s) only:

Residential address	Property name					
	Unit / House No	Street name				
	Suburb / Town	State	P'code			
Telephone		Mobile		Fax		
Postal address						

2 Business name

Trading name					
Street address					
Telephone		Fax			
Postal address					

3 Employer

Company name					
ACN					
Trading name					
Street address					
Telephone		Fax			
Postal address					

4 Storage premises of pesticides / fumigants

Trading name					
Property name					
Street address					
Telephone		Fax			

5 Other

Specify					
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Technician to sign and date:

<i>SIGNATURE</i>	
<i>DATE</i>	



Application Guide for Notice to Chief Executive - Change in Circumstances

1. This information has been prepared to assist you to notify the Chief Executive, Queensland Health of certain changes that may occur to your personal circumstances. Failure to do so within 21 days of the event occurring may incur a penalty.
2. Complete *only* the section(s) on the form that identify the change(s) to be advised. It is not necessary to complete all sections.
3. When you complete the form, please print clearly and answer all questions in full.
4. All forms requiring a signature must bear the original signature in ink. Queensland Health is not able to accept a photocopy or facsimile (fax) copy of the completed form and it will be returned to you.

How to complete a notice

Please each checkbox below as you complete the notice to ensure that you have provided all information requested.

Name

- Names are to be advised in full and exactly as they appear on your existing licence.

Licence No.

- The number of your existing *Licence as a Pest Management Technician* is to be advised.

Question 1

- Details of any change to the *Technician Details* are to be advised.

Question 2

- Details of any change to your business contact information are to be advised.

Question 3

- Details of any change to your employer or the employer's contact information are to be advised. The Company Name, the Australian Company Number (ACN) and the Trading Name are to be advised in full and exactly as they appear on the *Certificate of Incorporation* and *Certificate of Registration of a Business Name* issued by the Australian Securities and Investment Commission (ASIC).

Question 4

- Details of any change to the location of the premises where pesticides and/or fumigants are stored are to be advised.

Question 5

- Other changes that have occurred to your license particulars are to be advised.

Signature

- The form is signed in ink with your original signature and dated.

Return the Notice to:

Senior Licensing Officer
Drugs and Poisons Policy and Regulation Unit
Environmental Health Branch
PO Box 2368
FORTITUDE VALLEY Q 4006
Tel: (07) 3328 9310

PLEASE DO NOT RETURN THIS FACT SHEET WITH THE NOTICE