

DPPQ-FORM. 34

(See clause 2.9.4 (2) of Schedule XI)

Application for Accreditation or license of Treatment Operator – Technician

Office use only

Applicant details		
Full name:		Date of birth:
Postal address:		Postcode:
Suburb:	Phone:	Mobile:
Email address:		
Employer business details		
Business name:		
Accreditation No.		
Postal address:		Postcode:
Suburb:	Phone:	Fax:
Licence authorisations		
Select the authorization you wish to have listed on your licence.		
NOTE: You shall attach a certified copy of the Statement of Attainment for relevant qualifications. A certified copy means a genuine copy of the original attested to be true and correct by an authorised witness. An authorised witness can be a Govt. Officer of BS-17 and above.		
<input type="checkbox"/> Pesticides (excluding fumigants) formulated for the control of arthropods, rodents, birds and fungi , which are used to control pests (other than pest animals)		
<input type="checkbox"/> Pesticides formulated for the control of pest animals		
<input type="checkbox"/> Pesticides in the form of fumigants		
Applicant declaration		
I hereby apply for a pest control or treatment operator licence or accreditation, authorising the use of pesticides nominated above. I declare that I am of sound health and I am not aware of any condition or disability that would prevent me from preparing and applying the proposed pesticides in accordance with the label directions.		
Signature of applicant:		Date:.....
Proof of age		

A certified copy of one of the following forms of identification will be required to verify age:

You must attach a certified copy of the relevant forms of identification in support of your application. A certified copy means a genuine copy of the original declared to be true and correct by an authorised witness. An authorised witness can be a Govt. Officer of BS-17 and above.

- National Identity Card or
- Passport or
- Licence issued under a law (e.g. Drivers licence, firearms licence)

Photo identification

Your pest control or treatment operator licence will display your photograph. You **MUST** include one **colour** photograph with this application.

Check that your photo is:

- full front view of head and shoulders
- not more than 6 months old
- not smaller than 35x45mm, not larger than 40x50mm
- good quality, sharply focused
- endorsed on the back of the photograph by your Identifier



“This is a true photograph of (your full name)”

Identifier's signature

Identifier details

The person who identifies you **MUST** meet our requirements listed below.

Check that your Identifier:

- has known you for at least 12 months
- is 18 years of age or over
- has endorsed the back of the photograph by writing “**This is a true photograph of [your full name]**” followed by your Identifier’s signature
- completed their details in the spaces below, and signed the declaration

Full name:

Postal address:

Postcode:

Suburb:

Date of birth:

Declaration to be signed by Identifier

I declare that I meet the requirements listed above to make this declaration, and have endorsed the back of the photograph. I am satisfied that I have known the licence holder/applicant for a period of years

and months and vouch for his/her identity.

Signature of Identifier: Date:

Payment details

DO NOT SEND IN PAYMENT – You will submit prescribed fee in National Bank on Challan Form 32 in Department head of account.

Please note that a licence or accreditation certificate cannot be issued until the prescribed fee has been received by the department.

Checklist

Before you send in application, have you attached the following:

- A certified copy of the Statement Of Attainment for relevant qualifications
- A certified copy of the relevant forms of identification in support of your application
- A colour photograph that has been signed by the identifier

Lodge your application

Note: You MUST complete all sections, or we will be unable to process your application.

Submit this form with your **supporting documents** to:

Plant Protection Adviser and Director General
Department of Plant Protection
Jinnah Avenue, Malir Halt,
Karachi, Sindh, Pakistan

Email: quarantine@plantprotection.gov.pk
Sohaiiil@yahoo.com