



Form CSL3: A controlled substance licence for aerial application of Vertebrate Toxic Agents

Pursuant to Section 94B of the Hazardous Substances and New Organisms (HSNO) Act 1996, or as a condition of registration under the Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997

Send by post to: Environmental Protection Authority, PO Box 131, Wellington 6140

APPLICANT SELF CHECK

Approved Handler Certificate attached

Payment enclosed

Evidence of Identity provided:

Work requirement:

Originals or verified copies of three identity documents

either Statutory declaration attached

Change of Identity document (if needed)

or Work need verified by Test Certifier

Photos provided (one signed by trusted referee)

Declaration signed

Statutory declaration of work need (if needed),
or **test certifier verification**

Trusted referee statement completed and attached

TEST CERTIFIER USE ONLY

Applicant Name:

Correct licence requirements completed

Trusted referee meets criteria

Applicant aware of any **ACVM requirements**

Declarations signed by applicant & referee

Chemical Rating Certificate sighted, copy attached

Original **Consent to Disclose Form** attached and signed

Applicant aged 17 years or over

Work requirement:

Evidence of Identity provided:

either Statutory declaration attached

Original documents sighted & returned

or Work need verified by Test Certifier

Verified copy of 3 identity documents attached

Application sent to the EPA on / /

Photos provided (one signed by trusted referee)

Test Certifier records updated

Test Certifier name

Test Certifier number

Test Certifier signature

Date

Note for Applicants – how to complete this form

Before you start the application process it is recommended that you look at the CSL Applicant Guide. The process can take some time so you need to plan carefully.

Use this form only if you require a Controlled Substance Licence (CSL) for aerial application of Vertebrate Toxic Agents and are using a chemical rating certificate instead of an approved handler certificate. To apply for a CSL for any other purpose, or if you are using an approved handler certificate, please complete the application form CSL1.

Complete in your own handwriting and in BLOCK letters.

Instructions for completing each section are shown at the start of each section. Further information is available in the Controlled Substance Licence Applicant Guide.

Ensure the whole form is completed and attach all necessary extra documents and the fee. The standard processing time for applications is 20 working days after *receipt of all necessary information* by EPA New Zealand.

If the application is incomplete it will not be accepted by the EPA and the application will be returned to the applicant for completion.

Application is made through a Test Certifier. A list of Test Certifiers can be found at

<http://www.epa.govt.nz/search-databases/Pages/testcertifiers-search.aspx>

This form was approved by the General Manager Hazardous Substances, on 30 June 2011.

1. Licence Requirement Details

1.1. Licence Required

Tick only the Vertebrate Toxic Agents you will be applying aerially. For Pindone requirements see Applicant Guide.

Vertebrate Toxic Agents

3-chloro-p-toluidine hydrochloride

sodium fluoroacetate (1080)

pindone

Other (describe)

1.2. Chemical Rating Certificate

Show your Chemical Rating P Number and attach a copy of the Certificate.

Note the expiry date of your CSL will be aligned with the expiry date of your certificate.

Certificate Number:

Expiry date:

Verified copy of chemical rating certificate attached



2. Applicant Details

2.1. Name

This should be your full names as recorded on your birth certificate, unless your name has been legally changed.

Include any other name used now or in the past and reasons for this. Continue on a separate piece of paper if you need.

Surname/Family name	
First name	
Second names	

Other Names Used

Surname/Family name	
Given names	
Reason for other name	

Tick here if you have attached additional information

2.2. Address

The CSL will be sent to your postal address.

These details are required if we need to contact you about your application. If you change your address after you have been issued with a CSL you must advise the EPA so that we are still able to contact you.

Applicant's postal address

Applicant's residential address

Mobile number:	Work number:
Home number:	Email:

2.3. Age and Gender

You must be 17 years of age or over to apply for a Licence.

Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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3. Evidence of Identity

3.1. Identity Documents

You must provide copies of one (1) primary and two (2) secondary documents. At least one of these should be a photographic identity document.

Note that the Test Certifier will need to see both the original and a copy of your identity documents unless the copy has been verified as authentic by the issuing authority, or a JP. Documents should be current. IRD, Electoral Roll, Utility or Bank Account documents must be less than one year old. The documents should show the name that will be recorded on your CSL, unless you provide supporting evidence for another name.

You must enclose a copy of one (1) of the following primary documents: (tick those you have supplied)

<input type="checkbox"/> New Zealand Firearms Licence	<input type="checkbox"/> New Zealand Citizenship Certificate
<input type="checkbox"/> New Zealand Passport	<input type="checkbox"/> New Zealand Certificate of Identity
<input type="checkbox"/> Previous Controlled Substances Licence	<input type="checkbox"/> Overseas Passport (with New Zealand Immigration Visa/ Permit)
<input type="checkbox"/> New Zealand full Birth Certificate	

You must also enclose a copy of two (2) of the following secondary documents: (tick those you have supplied)

<input type="checkbox"/> NZ Drivers Licence	<input type="checkbox"/> Electoral Roll Confirmation of Enrolment Letter
<input type="checkbox"/> International Driving Certificate	<input type="checkbox"/> IRD Statement
<input type="checkbox"/> Photo ID (Student ID, HANZ 18+ID, Employee ID, or similar)	<input type="checkbox"/> Utility Account Bill (Power, Gas or Telephone)
<input type="checkbox"/> Community Services Card	<input type="checkbox"/> Bank Statement

Does the name on the identity documents given match the name given in section 2?

<input type="checkbox"/> Yes	<input type="checkbox"/> No - supporting evidence attached
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3.2. Photographs

You must enclose two (2) passport photographs of yourself. One must be signed by your Trusted Referee.

<input type="checkbox"/> Two (2) passport photographs attached	<input type="checkbox"/> One (1) of the photographs has been signed by my Trusted Referee
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3.3. Trusted Referee

Your Trusted Referee must complete the Trusted Referee Statement: see the Applicant Guide.

<input type="checkbox"/> Trusted Referee Statement (Schedule 1 of this form) completed and attached



4. Work Assessment (not required for Pindone)

You must indicate that you require a licence to possess vertebrate toxic agents for work purposes by **completing either section 4.1 or 4.2 AND** the verification section 4.3. This verification must be specific for the substances required on your licence.

If you do not answer section 4 you will not be issued a licence.

4.1. Employed or Contractor

Employer or Primary Contracting Agency (If you have more than one contract, provide details of your primary contracting agency.)

Name

Postal Address

Mobile number:

Work number:

Faxnumber:

Email address:

Please state why your role requires possession of VTAs

OR

4.2. Self Employed or Voluntary Work

Details (Explain the work you do, why you do it, and the VTAs you use. Provide a separate sheet if necessary)

Please state why your role requires possession of VTAs



4.3. Verification

You must supply a completed "statutory declaration of work need" form which has been witnessed by an approved person (see Appendix at the end of the document) **OR**

Satisfy a test certifier that you meet the work need requirements for these substances. For more information on evidence that may be acceptable for a test certifier to verify your work need see the Guidelines for Granting Controlled Licences.

Test certifier verification

I verify that the above details are correct and that the applicant requires possession of the substances in Section 1.1 for work.

Test Certifier signature

Test Certifier number

Date



5. Fit and Proper Person Assessment

5.1. Behavioural History

You do not need to disclose any convictions that are covered by the Criminal Records (Clean Slate) Act 2004. For details see the Guidelines for Granting Controlled Licences. **If you have ticked any of the boxes** please provide further information on why you should still be considered for a CSL. Details on further information required are contained in the Guidelines for Granting Controlled Licences.

For further information about these questions and reasons that mean that you may not meet the fit and proper person criteria please see the Guidelines for Granting Controlled Licences.

Have you any reason to think you may not meet the fit and proper person criteria ? (Tick the boxes that apply to you.

At least one box must be ticked.)

- I have court convictions or court orders made against me in New Zealand or overseas;
- I am or have been involved in legal action or criminal investigation in New Zealand or overseas;
- I have had a protection order or orders (including a temporary protection order) made against me;
- I have had four or more infringement notices issued against me in the last two years (such as traffic offences);
- I have had an infringement notice issued against me that relates to my possession or use of a hazardous substance;
- I have a history of violence (whether or not I have been convicted of such an offence);
- I have a history of drug or alcohol abuse (whether or not I have been convicted of such an offence);
- I have been a member or supporter of any group that advocates:
- ? the use of violence or criminal activity to achieve its purpose; or
 - ? undermining the government of any country by illegal means; or
 - ? violation of the rights of any ethnic, religious or political group.
- Other (please describe)

None of the above apply to me

Tick here if you have attached additional information

5.2. NZ Police Check

You must attach a completed Consent to Disclose Information form (provided at the back of this application form).

Completed Consent to Disclose Information form attached.

6. Declaration

I

[Your full name]

of

[Occupation]

[City, town or district where you live]

declare that the information I have supplied for this application form and the Consent to Disclose Information form is true, complete, and correct, and in my own handwriting.

I acknowledge that it is an offence to provide false or misleading information in order to gain a Controlled Substance Licence (CSL) and if a CSL is obtained by false or misleading information, then the CSL can be suspended or revoked and the person or persons concerned can be fined or imprisoned or both.

I understand that the information I have provided on this form and on any accompanying document, or information which is obtained from other sources is to assist the EPA in determining my identity and eligibility for a CSL in accordance with the Hazardous Substances and New Organisms (HSNO) Act 1996 and as a condition of registration under the Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997.

I acknowledge that this information will be processed and held by the EPA, P.O. Box 131, Wellington, and that under the Privacy Act 1993 I am entitled to access the information held about me and to ask for correction should that be necessary.

I accept that the information I have provided may be released to:

- ? any HSNO Enforcement Agency as defined by section 97 of the HSNO Act for the purpose of administering the provisions of the HSNO Act;
- ? Ministry of Agriculture and Fisheries for the purpose of enforcing the provisions of the Agricultural Compounds and Veterinary Medicines Act 1997; and
- ? Any government agency whose legislation requires that the information the EPA holds is released to them. For example: Inland Revenue and New Zealand Police.

I consent to the EPA making inquiries into my fitness to hold a CSL and to verify any of the information provided by me with the issuing agency or individual concerned, both before and after a CSL has been issued to me. I authorise the EPA to release or disclose all relevant information to any person, including the Ministry of Agriculture and Fisheries and New Zealand Police, for the purpose of issuing, suspending or revoking any CSL which may be issued to me.

I acknowledge that my CSL may be suspended or revoked for any of the reasons specified in sections 6D and 6E of the Hazardous Substances and New Organisms (Personnel Qualifications) Regulations 2001.

Your signature

Date signed

Schedule 1 – Trusted Referee Statement

To the Trusted Referee: You have been asked to act as a referee for a person applying for a licence to possess vertebrate toxic agents. You cannot act as a trusted referee if you are:

- ? under the age of 17;
- ? a relative, partner or spouse of the applicant; or
- ? someone that lives with the applicant.

You must also be someone “of standing” and trust within the community (as listed below).

You must complete this form in your own handwriting. If you cannot provide all the information required below or do not meet the requirements then you should not act as the referee.

Referee Identity Details

Surname/Family name

Given/First names

Which of these are you?

- | | | |
|-----------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> registered lawyer | <input type="checkbox"/> justice of the peace | <input type="checkbox"/> police officer |
| <input type="checkbox"/> kaumatua | <input type="checkbox"/> applicant's employer | <input type="checkbox"/> registered teacher |
| <input type="checkbox"/> minister of religion | <input type="checkbox"/> senior government official | <input type="checkbox"/> registered accountant |
| <input type="checkbox"/> elected official | <input type="checkbox"/> registered medical professional | <input type="checkbox"/> firearms licence holder |
| <input type="checkbox"/> CSL holder | <input type="checkbox"/> test certifier | |

Record the name and address of the business or organisation you work for, if applicable

Referee Identity Document

Please provide details of at least **one** of the following current identity documents

Passport Number and Issuing Country

New Zealand Driver's Licence Number

Controlled Substance Licence Number

Firearms Licence Number

Other NZ verified identity document

Referee Contact Details

Residential Address

Postal Address

Home number:	Fax number:
Work number:	Email address:
Mobile number:	

Referee Knowledge of Applicant

How long have you known the applicant?

What is your relationship to the applicant?

Signed Photograph of the Applicant

To be completed by the referee.

- I have signed the back of one of the photographs as shown in the example to the right.

<p>Certified true likeness of:</p>

Joseph Henry Bloggs
(Full name of Applicant)

Trusted Referee

(Signature of Trusted Referee)
Date: 26 July 2009

Referee Declaration

I

[Your (the referee's) full name]

of

[Occupation]

[City, town or district where you live]

declare that

- ? I am over 17 years of age;
- ? I have known the applicant for at least 12 months;
- ? I am not a relative or partner of the applicant, nor am I living with the applicant.
- ? the information I have supplied in this Trusted Referee Statement, is true and correct and is in my own handwriting;
- ? the photograph I have witnessed is of the applicant named in the application form Section2 – Applicant's Details
- ? the details provided by the applicant in the application form are also, to the best of my knowledge true, complete and correct.

I understand that it is an offence to make a false declaration, including supplying false or misleading information.

I consent to the EPA verifying any of the information provided by me, both before and after a Licence has been issued to the applicant. I authorise the EPA to release or disclose all relevant information to any person, for the purpose of issuing, suspending or revoking the applicant's Licence.

Your (the referee's) signature

Date signed



Consent to Disclose Information Form

Police check for Controlled Substance Licence

Note to NZ Police: The applicant is seeking a Controlled Substance Licence for Vertebrate Toxic Agents.

Please print legibly. You must complete each section

Applicant Names

Surname/Family name	
Given names	
Other names used	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Place of Birth:

Residential Address

Suburb	
Town/City	
Home number:	Mobile number:
Work number:	Fax number:
NZ Firearms Licence Number:	Expiry Date:
NZ Drivers Licence Number:	Expiry Date:

Note to Applicant:

By signing below, you consent to:

- 1 The release of the information you provide on this form to the EPA and to the NZ Police. The information will be used for the purpose of obtaining a NZ Police check. See regulation 6B of the Hazardous Substances and New Organisms (Personnel Qualifications) Regulations 2001.
- 2 The NZ Police disclosing any information relevant to the Fit and Proper person check to the EPA, subject to the Criminal Records (Clean Slate) Act 2004.
- 3 The EPA disclosing the results of the Fit and Proper Person check to the test certifier/ trainer named below.

I, the undersigned, consent to the use of the information on this form for the purposes described in 1, 2, and 3 above:

Applicant's signature

Date

Test Certifier

Test Certifier number

The Fit and Proper Person Check involves:

An assessment of any the following matters relating to an applicant

- ? court convictions or court orders made in New Zealand or overseas (other than convictions covered by the criminal Records (Clean Slate) Act 2004).
- ? legal action or criminal investigation in New Zealand or overseas.
- ? protection order or orders (including a temporary protection order).
- ? four or more infringement notices issued in the last two years .
- ? any infringement notices issued that relate to possession or use of a hazardous substance.
- ? a history of violence (whether or not convicted of such an offence).
- ? a history of drug or alcohol abuse (whether or not convicted of such an offence).
- ? membership of or support for any group that advocates:
 - ? the use of violence or criminal activity to achieve its purpose; or
 - ? undermining the government of any country by illegal means; or
 - ? violation of the rights of any ethnic, religious or political group.

The nature of any issues and when these occurred are taken into account in the assessment. An applicant is asked to provide further information on why they should be considered for a ControlledSubstances Licence if any of the above matters apply to them.

Full details of the matters considered by the EPA may be found on our web site: [Guidelines for granting controlled substance licences](#)

Advice provided by the New Zealand Police

- ? any information collected in the course of a New Zealand Police investigation that relates to the applicant's conduct
- ? any matters disclosed to the EPA by the New Zealand Police in relation to the applicant, including any objection to the issue of a licence.

Other Information

- ? any allegations made by someone concerning a person's suitability to hold a licence. Such allegations will be investigated before they are relied upon.
- ? if an applicant provides false, misleading or non disclosure of information during the application process the fit and proper person check is likely to be declined unless there is a convincing or reasonable explanation otherwise.

If the EPA consider that an applicant may not pass the fit and proper person check, that applicant will be notified and given the opportunity to respond before a final decision is made on whether to issue a CSL.



Appendix – Statutory declaration of work need

I

[Your full name]

of

[Occupation]

[City, town or district where you live]

solemnly and sincerely declare that being the applicant for a Controlled Substance Licence under section 95B of the HSNO Act, require possession of the hazardous substances listed in **Section 1** (*licence requirement details*) for the purposes of my work as indicated in **Section 4** (*work assessment*) of the attached application for a Controlled Substance Licence in my name.

I declare that the statements made in this application are, to the best of my knowledge true, complete and correct.

I understand that if I have provided false information my Controlled Substance Licence can be revoked or suspended and I can, by law, be fined or imprisoned.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature (of applicant)

Declared at

this

day of

20

before me:

Signature

[Name] Barrister or Solicitor of the High Court of New Zealand

or Justice of the Peace, Notary Public, Registrar or Deputy Registrar of a New Zealand Court