

# APPROVED HANDLER TEST CERTIFICATE RENEWAL

## (For Urban Pest Management and/or Industrial & Institutional Cleaning Products)

*Adapted from ERMA New Zealand Form ER-AF-HS-13-1 02/09*

In order for your application to be considered with no additional fee, please ensure the following:

- 1) The form is completed in full & signed
- 2) All necessary documentary evidence is attached
- 3) You have included payment of \$200 (inc GST) to: Cleaning Systems Ltd.
- 4) Send to: **The Test Certifier, PO Box 12 118 Beckenham, Christchurch 8242**

### Part 1- INFORMATION FROM APPLICANTS ORIGINAL TEST CERTIFICATE

*Please attach a copy of your original certificate to the back of this form then enter in spaces below:*

APPLICANT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ORIGINAL TEST CERTIFICATE NUMBER: \_\_\_\_\_

NAME OF ORIGINAL TEST CERTIFIER: \_\_\_\_\_

ANY CHANGE IN RESIDENTIAL DETAILS? \_\_\_\_\_

ANY CHANGE IN WORK DETAILS? \_\_\_\_\_

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### Part 2- EVIDENCE OF ASSESSMENT FOR RENEWAL

*Please attach documentary evidence (photocopy's only- no originals) e.g. Certificates of Attendance, Affidavits, etc...to back of this form*

I can demonstrate that I have knowledge of any relevant changes to the HSNO legislation since my original approval and provide the following evidence:

*Attach copy's of evidence (such as attending PMANZ, IICRC, PestNetwork or other recognized providers) or provide a description of what changes you are aware of and how you were assessed:*

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I can demonstrate that I have knowledge of any EPA approved Codes of Practice relevant to my industry since my original approval and provide the following evidence:

*Attach copy's of evidence (such as attending PMANZ, IICRC, PestNetwork or other recognized providers) or provide a description of what changes you are aware of and how you were assessed:*

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I can demonstrate that I have knowledge of changes in Work Practices/Methodology/Technology relevant to my industry since my original approval and provide the following evidence:

*Attach copy's of evidence (such as attending PMANZ, IICRC, PestNetwork or other recognized providers) or provide a description of what changes you are aware of and how you were assessed:*

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I have maintained my First Aid Certification and provide the following evidence:

*Attach copy of First Aid Certificate or affidavit listing what you have been trained to do in an emergency involving the substances you will be approved for.*

**I solemnly declare all the above & attached information is true and accurate for the purposes of renewing my Approved Handler certification.**

\_\_\_\_\_  
*Applicants signature*

\_\_\_\_\_  
*Date*

For assistance with filling out this form, call Paul 0275688165 (business hours only).