



## POSSUM POPULATION MONITORING Accreditation Renewal Application

**Name:**

**Address:**

**Current Accreditation(s):**

Category	Registration No.	Expiry Date
<b>Field Operative</b>		
<b>Designer</b>		

**Email Address:**

**Phone Contact:**

**5. Mailing Address**  
(if different from above)

**4. Agency**

<input type="checkbox"/> Regional Council	<input type="checkbox"/> OSPRI
<input type="checkbox"/> DoC	<input type="checkbox"/> Nelmac
<input type="checkbox"/> AsureQuality	<input type="checkbox"/> Private Contractor
<input type="checkbox"/> Qualmons	<input type="checkbox"/> <b>Epro</b>
<input type="checkbox"/> Landcare	<input type="checkbox"/> <b>Eco FX</b>
	<input type="checkbox"/> Other (please specify)

**6. Payment Details**

**Accreditation Renewal Costs (including GST):**

**\$230.00**    Field Operative

**\$317.40**    Field Operative *and* Designer (ie: two separate accreditations)

Once Accreditation Renewal Application form has been received (or scanned to [pest.accreditation@gmail.com](mailto:pest.accreditation@gmail.com)) a Pest Accreditation Invoice will be emailed to you, which will indicate how payment can be made by direct debit, credit card or if other arrangement (please advise).

Please Note: Payment will need to be received in full and verification of two operations carried out since last accreditation before accreditation can be registered and renewed.

**7. Accreditation Renewal(s) being applied for**

Categories:	Renew	Do Not Renew
Field Operative	<input type="checkbox"/>	<input type="checkbox"/>
Designer	<input type="checkbox"/>	<input type="checkbox"/>

**8. Training Course(s) attended to obtain your accreditation(s) *OPTIONAL***

Qualification	Date	Venue
Field Operative		
Designer		

**9. Monitoring Work Undertaken since your last renewal**

The standards for the renewal of accreditation(s) require:

- Completion of a minimum of **two** operations of which you have carried out the work required (as a field operative and/or designer), since you were accredited or last re-accredited.
- List at least **two** such operations.
- Work to be independently verified and signed off by the agency (panel ten on the next page).

**Please note** Bionet.nz may suspend or remove monitoring accreditations where it reasonably believes that a monitor is no longer suitable to retain accreditation due to dishonesty and/or failure to meet the required possum monitoring standards. See [www.bionet.nz](http://www.bionet.nz) resource section, for a copy of the relevant policy.

Dates: Beginning and end of Monitoring Job	Type of Job (Forest, Farmland etc)	Location of Job	Agency and/or Client	Operative * Field	Designer

\* **Please Note:** Planner accreditations will now be renewed in conjunction with Field Operative accreditations.

*Accredited members are recognised by the:  
Department of Conservation,  
Regional Councils, OSPRI and Contractors*



Department of  
Conservation  
*Te Papa Atawhai*



LOCAL GOVERNMENT  
NEW ZEALAND  
TE PUTAHI MATAKOKIRI



OSPRI

**10. Independent Verification of Monitoring Work Undertaken - See next page 3**

## 10. Independent Verification of Monitoring Work Undertaken

*Please Note:*

- i) This declaration needs to be filled out and signed by the controlling officer if the work was carried out “in-house”, by staff, or by the principal of a monitoring contracting company if the work was done on contract.
- ii) This section provides an independent verification that the work, as listed in section 9 above, was carried out to the standards of best practice monitoring as set out in:

[A1 Possum Population Monitoring Using the Trapcatch, Waxtag and Chewcard Methods \(pdf 6.2 MB\)](#)

<https://www.bionet.nz/library/>

Please note: monitors are expected to keep up-to-date with the latest editions of these protocols, which can be downloaded from [www.bionet.nz/library](http://www.bionet.nz/library).

In addition the signature below verifies that the work met contract performance standards and was carried out to the satisfaction of the contracting/employing agency.

Please print clearly.

**Name** .....

**Name of Agency** .....

**Position within Agency** .....

**I declare that .....carried out work to the standards of the best practice protocols specified above, and to the satisfaction of the contracting/employing agency.**

**Signed** .....

## 11. Privacy Act

The Pest Accreditation Ltd’s Monitoring Accreditation Database holds the following information:

**Name, contact details, current monitoring accreditation(s), registration number(s) and expiry date.**

This information will only be released to verify accreditation details for contracting purposes and your consent is required to meet the requirements of the Privacy Act. Without consent to release this information, we are unable to include you on the Bionet.nz website’s list of Accredited Operators.

**Please tick box to consent.**

- I consent to the details about me, held by Pest Accreditation Ltd, being released to contracting agencies, companies and other agencies with whom we deal with, for the sole purpose of verifying my accreditation details.

**I certify that the details provided in this application are correct: (Applicant to complete.)**

Name: .....

Signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_