



Nursery & Garden Industry  
Queensland

# CHEMCERT CERTIFICATE

## AN INVITATION TO ALL MEMBERS OF THE NURSERY INDUSTRY

### BECOME CERTIFIED OR RENEW YOUR CERTIFICATE IN THE APPLICATION AND STORAGE OF AGRICULTURAL CHEMICALS

(formerly known as QACAC / CHEMSAFE / CHEMSMART)

Employers and employees who apply agrochemicals require certification.  
The ChemCert Certificate is valid for 5 years and requires updating upon expiry.



- Fulfill your duty of care under Workplace Health & Safety
- Learn the legal requirements in regard to chemicals
- Learn about chemical labels and MSDS
- Learn the most efficient means of chemical application
- Learn to calibrate & maintain spray equipment

Training Delivered by John McDonald – Nursery Industry Development Manager

**VENUE:** Contact NGIQ for details on next course  
Ph: 07 3277 7900  
Fax: 07 3277 7109  
Email: [info@ngiq.asn.au](mailto:info@ngiq.asn.au)

**\*\*CANCELLATION MUST BE GIVEN  
IN WRITING TO NGIQ AT LEAST 7  
DAYS PRIOR TO COURSE DATE  
OR A CANCELLATION FEE WILL  
APPLY\*\***

**DATE:** As above  
8.30am – 5.00pm (lunch is not provided)

**COST:** Nursery & Garden Industry Queensland members - \$215.00 (Incl. GST)  
Non – members - \$245.00 (Incl. GST)

**\*\* Please return form ASAP. Upon registration NGIQ will mail to each participant a Learning Guide and Assessment booklet. Compulsory pre-course assessments need to be completed by you\*\***

**Contact NGIQ if course materials have not been received one week prior to course date**

Bookings are taken on a first come first served basis. Please fax this form to the Nursery & Garden Industry Queensland office on (07) 3277 7109. **Immediate payment is required to reserve your booking.**



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#### REGISTRATION – TAX INVOICE

ABN 92 914 028 835

(This document will be a Tax Invoice for GST when you make the payment)  
**Please make a COPY of this form when completed and keep as your Tax Invoice**

PLEASE REGISTER THE FOLLOWING TO ATTEND THE CHEMCERT COURSE

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: (for confirmation purposes) \_\_\_\_\_

Enclosed is payment of \$ \_\_\_\_\_ by  Cheque  Direct Deposit  MasterCard  Visa

Cardholder: \_\_\_\_\_

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

Return to: NGIQ – PO Box 345, Salisbury Qld 4107 Ph: 07 3277 7900 Fax: 07 3277 7109