



Application to Amend or Replace an existing Pest Management Business Registration with the Department of Health

Health (Pesticides) Regulations 2011

1. Current Business Registration

Business Name: _____ Business Registration No: _____

2. Proposed Amendments

Tick boxes that apply and please print clearly	
<input type="checkbox"/>	Business Name: _____
	Contact Details: Mob: _____ Ph: _____
	Email: _____
	Website: _____
	Postal Address: _____ Postcode: _____
<input type="checkbox"/>	Proprietor Contact Details: Mob: _____ Ph: _____
	Email: _____
	Address: _____ Postcode: _____
<input type="checkbox"/>	Nominated Licensed Technician's Name: _____ Licence No: _____
	Technician's Contact Details: Mob: _____ Ph: _____
	Email: _____
	Address: _____ P/C: _____



<input type="checkbox"/>	Business Street Address:	New address	Postcode:
<input type="checkbox"/>	Main Business Activities: (Tick all boxes)	<input type="checkbox"/> Urban Pest Management <input type="checkbox"/> Weed Control <input type="checkbox"/> Feral Vertebrates <input type="checkbox"/> Fumigation* <input type="checkbox"/> Other _____ (specify e.g. Power Poles)	
<input type="checkbox"/>	Replace a Certificate:		

IMPORTANT: * A business may employ a fumigator but may not conduct fumigations without approval from the Department of Health (refer to Frequently asked Questions).

3. Check List and Applicant Declaration

☑ Before lodging this application or making a payment, use this checklist to ensure it is complete – Tick all the relevant boxes

My local government response of the intended changes to the business activities is attached.

Local government approval letter is attached.

I, the proprietor/ making this amendment application and declare that the information contained in this application is true and correct.

Signature of Proprietor	Date	Signature of Nominated Technician	Date

Unsigned and incomplete applications will be returned unprocessed



4. Payment of Application Fee Options

Fees are reviewed annually and subject to change. Refer to the fees page on our website for the amounts payable.

The fees to amend a Registered Pest Management Business are not Subject to GST.

Please tick the appropriate method of payment.

By Cheque / Money Order

Enclose a cheque or money order made payable to **Department of Health WA** (details below):

By Credit Card

Please charge my MasterCard Visa

Card No Card Expiry Date

Cardholder's Name (please print) _____

Cardholder's Signature _____ Amount Paid \$ _____

By Direct Deposit

- Quote your full name.
- Use BSB Number 066-040 and account number 133 000 18
- **ATTACH COPY OF PAYMENT CONFIRMATION WITH THIS APPLICATION.**

Pest Management Business Registration Number if known.

Applicant's Name:

Receipt Email Address:



5. Lodging this application and enquiries

This form must be signed, dated and returned intact with payment.

Post to:

Pesticide Safety Program

Department of Health WA

P.O Box 8172

Perth Business Centre WA 6849

Phone: (08) 9222 2000

Email: pesticidesafety@health.wa.gov.au .

Website: www.public.health.wa.gov.au

ABN: 28 684 750 332

OFFICE USE ONLY

Registration No			Date of Expiry __/__/----		
<input type="checkbox"/> Recommended for Approval			<input type="checkbox"/> NOT recommended for Approval		
Name Dept Officer		Sign		Date __/__/----	
<input type="checkbox"/> Approved			<input type="checkbox"/> NOT Approved		
Name Dept Authorised Officer		Sign		Date __/__/----	