



# Application to Register or Reactivate a Pest Management Business with the Department of Health

*Health (Pesticides) Regulations 2011*

**Tick which applies:**

Register a New business:

Reactivate a business registration:

Registration No. \_\_\_\_\_

## 1. Applicant Details

Business Name:		
Telephone Number:		
Email Address:		
Website Address:		
Postal Address:		
		Postcode:
Street Address:		
		Postcode:
Name of Proprietor:		
Proprietors Address:		
		Postcode:
Proprietors Contact Details:	Mobile:	Business Ph:
Name of Nominated Licensed Technician:		
Licence Number of Nominated Technician		



Technicians Address:	Postcode:	
Technician Contact Details:	Mobile:	Business Ph:

## 2. Business Information

The main pest management business activities will include (tick all that applies):

- Feral Vertebrates
- Fumigation \*
- Sales Only
- Urban Pest Management
- Weed Control
- Other \_\_\_\_\_ (please specify. e.g. Power Poles)

**IMPORTANT: \* A business may employ a fumigator but may not conduct fumigations without a site specific approval from the Department of Health.**

## 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**

- I am 18 years of age or older.
- The prescribed fee is enclosed with this application.
- A copy of your ASIC Record of Business Name Registration is attached.
- A copy of your local government permits are attached.



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

\_\_\_\_\_  
Signature of Applicant/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 amount.**

Please tick your chosen payment option

**By Cheque / Money Order**

**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.**

Licence Number     if known.

Applicant's Name

\_\_\_\_\_

Email Receipt Address

\_\_\_\_\_



## 5. Lodging this Application and Enquires

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

Post to:

**Pesticide Safety Program**

Department of Health WA

PO Box 8172

Perth Business Centre WA 6849

Phone: (08) 9388 4864 or (08) 9388 4999

Email: [pesticidesafety@health.wa.gov.au](mailto:pesticidesafety@health.wa.gov.au)

Website: [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)

ABN: 28 684 750 332

### Office Use Only

Licence 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 __/__/_____