



Application for Registration as a Pest Management Business

HEALTH ACT 1911

Health (Pesticides) Regulations 2011

Name of Business / Company	
Contact Details:	Phone : Fax No :
E-Mail Address	
Website Address	
Postal Address	
	Postcode:
Location of Business	
	Postcode:
Name of Proprietor	
Proprietor's Address	
	Postcode:
Proprietor's Contact Details:	Mob/Phone: Fax No:
Name of Nominated Licensed Technician	Licence No:
Technician's Address	
	Postcode:
Contact Details:	Phone: Mobile:

NOTE: IT IS A REQUIREMENT OF THE *HEALTH (PESTICIDES) REGULATIONS 2011* THAT A PEST MANAGEMENT BUSINESS EMPLOY A LICENSED TECHNICIAN AT ALL TIMES.



2. APPLICANT DECLARATION

YOU MUST TICK ALL THE RELEVANT BOXES

I, the person making this application, declare that:

The main pest management business activities:

- Urban Pest Management
- Weed Control
- Feral Vertebrates
- *Fumigation*
- Other _____ (specify eg Power Poles)

AND

- I am 18 years of age, or older.
- The prescribed fee of \$280 is enclosed with this application.
- The information contained in this application is true and correct in every particular.

Note: * Establishment of Fumigation business will require compliance with AS2476:

I have submitted:

- *Fumigation Site Plan and Risk Assessment

Application is hereby made for registration as a pest management business for the purpose of Part III Division 2 of the *Health (Pesticides) Regulations 2011*

Signature of Proprietor

Date

Signature of Nominated
Technician

Date

THIS FORM MUST BE COMPLETED WITH PAYMENT & RETURNED TO PESTICIDE SAFETY

INCOMPLETE APPLICATIONS WILL BE RETURNED

**Application to be posted or fax to (08) 9382-0770
Pesticide Safety
Department of Health WA
PO Box 8172
Perth Business Centre WA 6849**



3. PAYMENT OF APPLICATION FEE OPTIONS

Fee for Registration of a Pest Management Business is **\$280.00** (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

Applicant's Name _____

Receipt Address _____

4. ENQUIRES

Pesticide Safety
Department of Health WA
PO Box 8172
Perth Business Centre WA 6849
P: (08) 9388-4864 or P: (08) 9388-4999
F: (08) 9382-0770

Grace Vaughan House
227 Stubbs Terrace
Shenton Park WA 6008
E: pesticidesafety@health.wa.gov.au
W: www.public.health.wa.gov.au

INCOMPLETE APPLICATIONS WILL BE RETURNED

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 __/__/____

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