



Application to Amend or Replace an Existing Pest Management Business Registration

HEALTH ACT 1911

Health (Pesticides) Regulations 2011

Please complete this form and submit it together with the appropriate fees to the Department of Health. Where there is insufficient space, please attach a separate sheet which must be signed & dated.

NOTE: A different form is required if you are notifying the Department of your intent to cease or transfer ownership of your pest management business.

Business Name: _____ **Reg No:** _____

TICK ALL THE RELEVANT BOXES AND CLEARLY SPECIFY:

		Specify Details to be Changed	\$ Fee
<input type="checkbox"/>	Business' Name:		N/A
	Contact Details:	Ph: _____ Fax: _____	
	Email:	_____	
	Website:	_____	
	Postal Address:	_____ P/C: _____	
<input type="checkbox"/>	Proprietor's Contact Details:	Ph: _____ Fax: _____	N/A
	Email:	_____ Mob: _____	
	Address:	_____ P/C: _____	
<input type="checkbox"/>	Nominated Licensed Technician's Name:	_____ Licence No: _____	N/A
	Technician's Contact Details:	Ph: _____ Fax: _____	
	Email:	_____ Mob: _____	
	Address:	_____ P/C: _____	
<input type="checkbox"/>	Business Location: (Tick all boxes)	<input type="checkbox"/> Provide new address below & _____ P/C: _____	\$20.00
		<input type="checkbox"/> Local government approval letter is attached.	
<input type="checkbox"/>	Main Business Activities: (Must tick sections 1 & 2)	Additional pest management activities and services includes: (tick multiple 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 eg Power Poles)	\$20.00
		<input type="checkbox"/> Notified my local government of the intended changes to the business activities	
<input type="checkbox"/>	Fumigation Business:* (Tick all boxes)	<input type="checkbox"/> Additional approved fumigation site (provide address below) & _____ P/C: _____	\$20.00
		<input type="checkbox"/> Fumigation Site Plan & Risk Assessment in compliance with AS2476 is attached.	
<input type="checkbox"/>	Replacement of Certificate:	No documentation is required.	\$10.00

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

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

YOU MUST TICK THE RELEVANT BOXES

I, the proprietor/manager making this amendment application and declare that:

- The total fee(s) to be paid is the summation of all boxes ticked.
Note: Where changes to the details of a registration is required a total fee of \$20.00 is payable.
- My local government response of the intended changes to the business activities is attached.
- A completed Statutory Declaration is attached.
- The information contained in this application is true and correct in every particular.

Note: * Fumigation businesses ONLY:

I have submitted:

- Fumigation Site Plan & Risk Assessment in compliance with AS2476 for my additional site.*

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 may be faxed, emailed or posted

Fax: (08) 9382-0770

Emailed: pesticidesafety@health.wa.gov.au

Application paid by cheque or money order can only be posted.

Post: Pesticide Safety

Department of Health WA

PO Box 8172

Perth Business Centre WA 6849



3. PAYMENT OF APPLICATION FEE OPTIONS

Fee to amend a Registered Pest Management Business is 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

**Application to be posted to:
Pesticide Safety
Department of Health WA
PO Box 8172
Perth Business Centre WA 6849**

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 __/__/____