



Notification of Transfer OR Cessation of a Pest Management Business Registration
HEALTH ACT 1911

Health (Pesticides) Regulations 2011

Please complete and return to the Department of Health (WA) **within 28 days** of the cessation or transfer of a business. Complete either **Section A or B**. Where there is insufficient space, attach a separate page which must be **signed & dated**.

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

A. Cessation of a Pest Management Business

This section must be completed in full.

This notification is to transfer a pest management business made under Part III Division 2 Regulation 24 of the Health (Pesticides) Regulations 2011

1. I, _____ (proprietor's full name) of _____ (business physical location) declare my pest management business _____ (business name) _____ (registration number) ceased trading and operating under my proprietorship _____ (date).

Current Signature of Proprietor Date

B. Transfer of a Pest Management Business

i. This section must be completed in full by both parties

1. I, _____ (current proprietor's full name) of _____ (current business physical location) transferred my pest management business on the _____ (date) to _____ (new proprietor's name) of _____ (new business physical location).

2. I, the _____ (new proprietor's name) have purchased the following:

TICK THE RELEVANT BOXES & CLEARLY SPECIFY:

Field	Retain / Use	Change / New	New / Modify (Only complete this if you have ticked the Change/New column)
Name of Business	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Restricted Use Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	List below: _____
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	

This notification is provided regarding the transfer of a pest management business made under Part III Division 2 Regulation 24 of the Health (Pesticides) Regulations 2011

3. We, the current proprietor and new proprietor declare that information contained in this notification of transfer is true and correct in every particular.

Existing Signature of Proprietor Date Signature of New Proprietor Date



ii. This section must be completed in full by the new proprietor and the licensed nominated pest management technician.

Field	Specify Details
Name of Business / Company	
Contact Details:	Ph: _____ Fax: _____
E-Mail Address	
Website Address	
Postal Address	
	P/C: _____
Location of Business	
	P/C: _____
Name of Proprietor	
Proprietor's Address	
	P/C: _____
Proprietor's Contact Details:	Mob: _____ Ph: _____
	E-mail: _____ Fax: _____
Name of Nominated Licensed Technician	Licence No: _____
Technician's Address	
	P/C: _____
Contact Details	Mob: _____ Ph: _____
	E-mail: _____ Fax: _____

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 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

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Signature of Proprietor	Date	Signature of Nominated Technician	Date
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THIS FORM MUST BE COMPLETED & RETURNED TO PESTICIDE SAFETY

INCOMPLETE APPLICATIONS WILL BE RETURNED

Notification may be faxed, emailed or posted
 Fax: (08) 9383-1819
 Email: pesticidesafety@health.wa.gov.au
 Post: Pesticide Safety
 Department of Health WA
 PO Box 8172
 Perth Business Centre WA 6849