Form PS4

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

<table>
<thead>
<tr>
<th>Business Name:</th>
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<tbody>
<tr>
<td>Telephone Number:</td>
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<tr>
<td>Email Address:</td>
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<tr>
<td>Website Address:</td>
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<tr>
<td>Postal Address:</td>
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<td>Postcode:</td>
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<tr>
<td>Street Address:</td>
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<tr>
<td>Postcode:</td>
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<tr>
<td>Name of Proprietor:</td>
<td></td>
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<tr>
<td>Proprietors Address:</td>
<td></td>
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<td>Postcode:</td>
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<tr>
<td>Proprietors Contact Details:</td>
<td>Mobile:</td>
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<tr>
<td>Name of Nominated Licensed Technician:</td>
<td></td>
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<tr>
<td>Licence Number of Nominated Technician</td>
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</table>
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.

__________________________  Date_ _/_ _/ _ _ _ _
Signature of Applicant/Proprietor

__________________________  Date_ _/_ _/_ _ _ _
Signature of Nominated Technician

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
Website: www.public.health.wa.gov.au
ABN: 28 684 750 332

<table>
<thead>
<tr>
<th>Office Use Only</th>
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<tbody>
<tr>
<td>Licence No</td>
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<tr>
<td></td>
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<tr>
<td>Recommended for Approval</td>
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<tr>
<td>Name Dept. Officer</td>
</tr>
<tr>
<td>Approved</td>
</tr>
<tr>
<td>Name Dept. Authorised Officer</td>
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</tbody>
</table>

Produced by Environmental Health Directorate
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