



Application to Amend or Replace an existing Pest Management Business Registration with the Department of Health

Health (Pesticides) Regulations 2011

1. Current Business Registration

Business Name: _____ Business Registration No: _____

2. Proposed Amendments

Tick boxes that apply and please print clearly	
<input type="checkbox"/>	Business Name: _____
	Contact Details: Mob: _____ Ph: _____
	Email: _____
	Website: _____
	Postal Address: _____ Postcode: _____
<input type="checkbox"/>	Proprietor Contact Details: Mob: _____ Ph: _____
	Email: _____
	Address: _____ Postcode: _____
<input type="checkbox"/>	Nominated Licensed Technician's Name: _____ Licence No: _____
	Technician's Contact Details: Mob: _____ Ph: _____
	Email: _____
	Address: _____ P/C: _____



4. Payment of Application Fee Options

Fees are reviewed annually and subject to change. Refer to the fees page on our website for the amounts payable.

The fees to amend a Registered Pest Management Business are 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 if known.

Applicant's Name:

Receipt Email Address:



5. Lodging this application and enquiries

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

Post to:

Pesticide Safety Program

Department of Health WA

P.O Box 8172

Perth Business Centre WA 6849

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

Email: pesticidesafety@health.wa.gov.au .

Website: www.public.health.wa.gov.au

ABN: 28 684 750 332

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 _ / _ / _ _ _ _