



Amend, Replace or Extend a Licence Application form PS3

Health (*Pesticides*) Regulations 2011

Name of Licence holder: _____ Licence No: _____

I am applying to (select all that apply):

Replace a lost Licence - please provide a new photo if previous photo is > 5 years old
(fees apply) – *go to Section 3*

Amend licence details – *go to Section 1*

Extend or upgrade a provisional licence – *go to Section 2*

1. Proposed Amendments

Select what you are changing - PRINT clearly

Contact Details – No fee

Phone:	
Mobile:	
Email:	
Postal Address:	
Residential Address:	
Employed by Registered Pest Business:	Name: DOH Registration No:

Endorsement (s) – Fees Apply*

List endorsement(s) to Remove:
Tick endorsement(s) to Add:
<input type="checkbox"/> Lawns and Garden <input type="checkbox"/> Bushland /Minesite Re-habilitation/Landscaping <input type="checkbox"/> Dieback Control
<input type="checkbox"/> Crops and Pasture <input type="checkbox"/> Pest and weed control–non cropping <input type="checkbox"/> Turf Management
<input type="checkbox"/> Sales <input type="checkbox"/> Commercial/Domestic Pests <input type="checkbox"/> Forestry
<input type="checkbox"/> Feral Vertebrates <input type="checkbox"/> Feral Pigeon Control
<input type="checkbox"/> Fumigation <input type="checkbox"/> Termites and Timber Pests



Restricted Use Pesticide(s) – Fees Apply*

List restricted-use pesticide(s) to Remove

List restricted-use pesticide(s) to Add

Licence Condition(s) – Fees Apply*

Condition(s) to amend – and reason for adding/removing the condition (**attach any relevant documents**)

2. Extend or Upgrade a Provisional Licence

Extend a Provisional Licence – Fees apply*

I request an extension of _____ months (max 12 months)

- **You MUST complete your training within 3 years.**
- **Provide updated evidence of part completion, enrolment in remaining units of competency and training logbook for each extension**

Upgrade from a provisional Licence to a Technicians Licence – Fees apply*

Upgrade to current expiry date **OR**

Upgrade licence for 12 months from current expiry date

Attach your Statement of Attainment from a Registered Training Organisation



3. Applicant Declaration

I, the person making this application, have attached relevant supporting information where requested and declare that the information provided is true and correct.

_____ Date
Signature of Applicant

Return form to:

Pesticide Licensing
Department of Health WA
P.O Box 8172
Perth Business Centre WA 6849

You can attach additional files to your email before sending

Phone: (08) 9222 2000
Email: pesticidesafety@health.wa.gov.au
ABN: 28 684 750 332

4. Payment

Fees are reviewed annually and are listed here:
https://www.health.wa.gov.au/Articles/A_E/Application-forms-and-fees-for-pestide-licencing

Fee payment information will be forwarded to you after we receive your application

If payment is being made by a person other than the applicant please provide their contact details below:

Full Name:

Email Address:

Phone Number:

Office Use Only		
<input type="checkbox"/> Application complete		<input type="checkbox"/> Not complete
Name	Sign	
<input type="checkbox"/> Approved		<input type="checkbox"/> NOT Approved
Name	Sign	