



Pest Management Business Registration Application form PS4

Health (Pesticides) Regulations 2011

I am applying to:

Register a New business

OR

Reactivate Pest Management Business No. _____

1. Business details

Business Name:			
Business ABN/ABR:			
Type of Business Premises: (Tick all that apply)	<input type="checkbox"/> Commercial Premises <input type="checkbox"/> Office <input type="checkbox"/> Chemical Storage <input type="checkbox"/> Vehicle Parking <input type="checkbox"/> Residential Premises <input type="checkbox"/> Office <input type="checkbox"/> Chemical Storage <input type="checkbox"/> Vehicle Parking		
Phone Numbers:			
Email Address:			
Website Address:			
Business Postal Address:			Postcode:
Street Address for main business premises (WA based storage/vehicles):			Postcode:
Nominated Pest Management Business Registered Proprietor¹			
Name:			
Postal Address:			Postcode:
Contact Details:	Mobile:	Business Ph:	

¹ The Registered Proprietor has specific responsibilities under the *Health (Pesticide) Regulations 2011*



Nominated Licensed Pest Management Technician ^{2,3}			
Name:		Licence Number:	
Postal Address:			
	Postcode:		
Phone:	Mobile:	Business Ph:	

2. Business Activities

The main pest management business activities will include (tick all that applies):

- | | |
|-----------------------|------------------------------------|
| Feral Vertebrates | Weed Control |
| Fumigation | Other _____ |
| Sales | (please specify. e.g. Power Poles) |
| Urban Pest Management | |

3. Check List and Applicant Declaration

Before lodging this application check that you have provided:

- A copy of your ASIC Record of Business Name Registration is attached.
- ASIC record that shows nominated pest management business proprietor is owner/director **OR** evidence that you have been nominated as pest management business proprietor by a company executive/director.
- contacted the local government for any required building or planning approvals.

I, the person making this application, declare that the information contained in this application is true and correct and I have read the [guide to registering a business \(PDF 167KB\)](https://www.health.wa.gov.au/Health-for/Licensing-and-industry/Pesticides) at <https://www.health.wa.gov.au/Health-for/Licensing-and-industry/Pesticides>

_____ Date _____
Signature of nominated /Proprietor

_____ Date _____
Signature of Nominated Technician

This Application form must be signed, dated and returned.

² Provisional licence holders cannot be a nominated technician

³ **IMPORTANT: A business may employ a fumigator but may not conduct fumigations without a site-specific approval from the Department of Health**



4. Payment of Application Fee Options

Fees are reviewed annually and are listed here:

[https://www.health.wa.gov.au/Articles/A E/Application-forms-and-fees-for-pesticide-licencing](https://www.health.wa.gov.au/Articles/A_E/Application-forms-and-fees-for-pesticide-licencing)

Fee payment information will be forwarded to you once 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:

5. Lodging this Application and Enquires

Pesticide Licensing

Department of Health WA
PO Box 8172
Perth Business Centre WA 6849

Email: pesticidesafety@health.wa.gov.au

Website: health.wa.gov.au

Phone: (08) 9222 2000

ABN: 28 684 750 332

You can attach additional files to your email before sending

Registration No	Date of Expiry	
Checked by:		
<i>Name of Licensing Officer</i>	<i>Sign</i>	<i>Date</i>
Approved by:		
<i>Name of Authorised Officer</i>	<i>Sign</i>	<i>Date</i>