



Cancel a Pest Management Business Registration - Form PS5

Health (Pesticides) Regulations 2011

Business Name: Pest Management Business Registration No. Name of Proprietor:

I declare that the above pest management business ceased trading and operating as a pest management business on (insert date). _____

Signature of Current Proprietor

Date

Lodging this application and enquiries

Return form to:

Pesticide Licensing

Department of Health WA
P.O Box 8172
Perth Business Centre WA 6849
Phone: (08) 9222 2000
Email: pesticidesafety@health.wa.gov.au .
ABN: 28 684 750 332

OFFICE USE ONLY		
Approved		
Name Dept. Authorised Officer	Sign	Date