



Amend Registered Pest Management Business details - PS7

Health (Pesticides) Regulations 2011

1. Current Business Registration

Business Name:

Pesticide Business Registration No:

2. Proposed Amendments

Tick boxes that apply and please print clearly – fees apply unless stated otherwise

Business Name:

Business ASIC /
ABN / ABR:

**Business Street
Address:**

(WA Based
Storage/Vehicles):

Please select all that apply:

Commercial Premises

Office Chemical Storage Vehicle

Residential Premises

Office Chemical Storage Vehicle

Other _____(specify)

Business Contact Details (no fee):

Phone Numbers: Mob: Ph:

Email:

Website:

Postal Address:



Proprietor Contact Details (no fee):

Proprietor's Full Name

Phone Numbers:

Mob:

Ph:

Email:

Address:

Postcode:

Nominated Licensed Pest Management Technician (PMT) (no fee)

Full Name:

Licence No:

PMT's Contact

Details:

Mob:

Ph:

Email:

Address:

Postcode:

Main Business

Urban Pest Management

Weed Control

Activities: (Tick all boxes)

Feral Vertebrates

Fumigation*

Other _____ (specify e.g. Power Poles)

Condition:

List Condition(s) to amend and reason for seeking amendment

Replace a Certificate

IMPORTANT: # A business may employ a licensed fumigator but may not conduct fumigations without approval from the Department of Health (refer to [Frequently asked Questions](#)).

OFFICE USE ONLY

Registration No

Date of Expiry

Form sent and signed by the Registered Proprietor on record

Checked by:

Name of Licensing Officer

Sign

Date

Approved by:

Name of Authorised Officer

Sign

Date



3. Check List and Applicant Declaration

☑ Before lodging this application or making a payment, check that:

- A copy of your ASIC Record of Business Name Registration is attached if you are changing business name

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

Signature of Proprietor

Date

Signature of Nominated
Technician

Date

Unsigned and incomplete applications will be returned unprocessed

4. Payment of Application

Fees are reviewed annually and are listed here:

https://www.health.wa.gov.au/Articles/A_E/Application-forms-and-fees-for-pesticide-licensing

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 enquiries

This form must be signed, dated and returned 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

Website: https://www.health.wa.gov.au/Articles/N_R/Pest-industry-licensing-and-registration

ABN: 28 684 750 332