



Automatic Mutual Recognition Notification

Intention to work in Western Australia (WA) under the Automatic Recognition Scheme

1. Contact Information		
First Name:	Surname:	
Date of Birth:	Telephone:	Mobile No:
E-mail Address:		
*Residential address:		
Suburb:	Postcode:	
Postal Address:		
Suburb:	Postcode:	
Temporary WA address (if applicable):		
Suburb:	Postcode:	

** Residential address is your principal place of residence in your home state or territory. We may request additional proof of residency in your home state:*

2. Choose the activity that you intend to perform in WA that includes the application of pesticides in the business of weed and pest control (select all that apply)	
<input type="checkbox"/>	Termite treatment residential properties
<input type="checkbox"/>	Termite treatment commercial properties
<input type="checkbox"/>	Treatment of common pests in residential properties e.g. cockroach, rodents, ants (excluding termites).
<input type="checkbox"/>	Treatment of common pests in commercial properties e.g. cockroach, rodents, ants (excluding termites).
<input type="checkbox"/>	Application of herbicides and insecticides using backpack or handheld spray equipment for residential lawns, gardens, commercial landscaping or bushland/site rehabilitation dieback control, lawn insects.
<input type="checkbox"/>	Spray application using mechanical spraying equipment, e.g. boom spraying, vehicle mounted, broad acre spraying or air blast equipment, e.g. turf farms, firebreaks and crops and pastures.
<input type="checkbox"/>	Fumigation of commodities
<input type="checkbox"/>	Feral pigeon/bird control with Alphachloralose or other pesticide (please specify):
<input type="checkbox"/>	Feral vertebrate control using poison baits (excluding bird control)
<input type="checkbox"/>	Other: (including treatments under permits) Summary of activity:



3. Please list all details of the current licences/approvals that you hold in your home state/territory to perform that activity

Please attach a copy of your current licence/approval to your submission
(include the front and back of your licence)

	Home State/Territory	Other jurisdiction
Occupation/ Licence Type		
Authorisation/Licence Number		
Home Jurisdiction (where issued)		
Expiry date of your licence/approval or authorisation*		

**please note you need to make another notification if any of these details change, if licensed in more than 2 jurisdictions provide details separately.*

4. Licence details

1. Have you made a notification to WA previously? Yes No

2. Does your licence/approval have any conditions imposed? Yes No

If yes, please list conditions below

3. Has your licence/approval been cancelled or suspended due to disciplinary action or are you the subject of any such action, investigation or in any other way prohibited or restricted from practising this occupation?

If yes, please provide complete details Yes No

4. Have you sought or been approved automatic mutual recognition in another State or Territory?

If yes, please detail Yes No



5. Employment Details

Are you? Select all that apply

Self Employed

What is your ABN Number?

Employed by a registered pest management business outside of WA?*

Registered pest business name:

Registration number:

ABN/ABR number:

Business Email:

Business Phone No:

Employed by a registered pest management business in Western Australia*

Registered pest business name:

Registration number:

ABN/ABR number:

Business Email:

Business Phone #:

Employed by a business that is not a registered pest management business*

Business name:

Business ABN:

Business Email:

Business Phone #:

Treatment is undertaken only on business owned properties:

Yes

No

6. Submit form and declaration

Ensure all parts of the form are complete and you attach a copy of your licence(s) and conditions and any other relevant supporting information to the email after clicking on the submit button.

By submitting the form I declare that the information contained in this form is true and correct.

7. Enquiries and more information

Email: pesticidesafety@health.wa.gov.au

Website: [Environmental hazards \(health.wa.gov.au\)](http://Environmental%20hazards%20(health.wa.gov.au))

Telephone: (08) 9222 2000