



Amend, Replace or Extend a Licence Application Form PS3

Health (Pesticides) Regulations 2011

Name of Licence holder: _____ Licence No: _____

I am applying to (tick all that apply):

- Amend licence details – go to Section 1
 Extend or upgrade a provisional licence – go to Section 2
 Replace a lost licence - go to Section 3

1. Proposed Amendments

Tick only what you are changing

Contact Details (please complete NEW details below. Personal details only) – No fee

Name:	
Phone:	
Mobile:	
Email:	
Postal Address:	
Residential Address:	

Endorsement(s) – Fees Apply*

List endorsement(s) to Remove:

Tick endorsement(s) to Add (Please ensure you attach the appropriate qualifications for each endorsement you select. A list of required units for each endorsement are located in the [\(Guide to Obtaining a Pest Management Technicians Licence\)](#))

Endorsement		Select	Endorsement		Select
1	Sales	<input type="checkbox"/>	6	Fumigation	<input type="checkbox"/>
2	Commercial/Domestic Pests	<input type="checkbox"/>	7	Vegetation Management (mechanical spray equipment)	<input type="checkbox"/>
3	Commercial / Domestic Pests, including Termites and Timber Pests		8	Dieback control	<input type="checkbox"/>
4	Feral Vertebrate Control (excluding pigeons)		9	Basic Weed Control (handheld and backpack equipment)	<input type="checkbox"/>
5	Feral Bird Control	<input type="checkbox"/>	10	Termite treatment of power poles	<input type="checkbox"/>



Restricted Use Pesticide(s) – Fees Apply*

List restricted-use pesticide(s) to Remove

List restricted-use pesticide(s) to Add (**attach any required training documents**)

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. Please note, there is no ability for the department to extend a provisional licence beyond 3 years.**
- **Attach evidence of ongoing study including units completed, enrolment in remaining units and training logbook.**

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 (when within a month of expiry)

***MUST attach your logbook and Statement of Attainment from a Registered Training Organisation**

3. Replace a Lost Licence

I request a replacement card be issued – Fees Apply*

Please ensure your contact details are up to date for the delivery of your replacement licence.



4. Applicant Declaration

I declare that the information contained in this application is true and correct.

Signature of Applicant

Date

(NB. You can sign by using the Draw tool, or download form to sign using Adobe Reader via a Digital ID, or the Fill & Sign tool)

****Unsigned or incomplete applications will not be processed**

5. Payment

Fees are reviewed annually and are listed here:

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

****Fee payment information will be emailed 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:

***Please note, refunds for applications withdrawn prior to the issuing of a licence can only be requested by the applicant.**

6. Lodging this Application and Enquiries

Email (preferred): pesticidesafety@health.wa.gov.au

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

You can attach additional documents prior to sending

Phone: (08) 9222 2000

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

ABN: 28 684 750 332