



Notification to Cancel a Pest Management Business Registration Form PS5

Health (Pesticides) Regulations 2011

This notification is to cancel an existing pest management business registration. If you have sold the business and wish to transfer the licence to a new proprietor please complete the [Transfer a business registration \(Form PS6\)](#)

1. Business Details

| | |
|-------------------------------------|--|
| Business Name: | |
| Pesticide 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): _____

I acknowledge that prior to recommencing pest management treatments under this business name and registration number, a Pest Management Business Registration Application Form PS4 must be submitted to the Department of Health and approved.

Signature of Proprietor

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)

2. 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