



Pest Management Transfer Registration Application Form PS6

Health (Pesticides) Regulations 2011

1. Relinquishing proprietor to complete

Business Name:

Pesticide Business Registration Number:

Name of Proprietor:

Date of Settlement/Transfer of ownership:

Name of new Proprietor:

List any restricted use pesticides that were transferred:

List any vehicles that were transferred (description and licence plate number):

I declare the information contained above is true and correct.

Full Name:

Position:

Signature:

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)



1. New Proprietor Business Details

Please ensure you have read the guide to [Registering a pest management business](#) prior to completing this application.

Registered Business Name:

Business ABN:

Premises Address:

Postal Address:

Contact Numbers:

Email Address:

Type of Business
Premises:

Commercial Premises

Chemical Storage (including sales)

Vehicle Parking

(Select all that apply)

Residential Premises

Chemical Storage (including sales)

Vehicle Parking

Onsite Contact

Name:

Contact Number:

Pesticide Vehicles (include all vehicles intended to be used to undertake treatments)

Vehicle Description

Registration Number

(Attach additional vehicle details if required)

2. Applicant Details – complete only 2a or 2b as applicable

2a. Body corporate

A body corporate is an Australian public company, an Australian private company, an association or other incorporated or unincorporated entity.

Body corporate name:

ACN:



2b. Individual/partnership

An individual is a sole trader or a person trading in partnership with one or more other persons. If applying as a partnership, only one person can be listed below. The other partner must endorse the application in Section 5.

First Name:	Surname:
Date of Birth:	Phone Number:
Is the applicant trading as a partnership? No Yes	

3. Pest Management Activities

The main pest management business activities will include **(tick all that apply)**:

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	<input type="checkbox"/>	8	Dieback control	<input type="checkbox"/>
4	Feral Vertebrate Control (excluding pigeons)	<input type="checkbox"/>	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"/>

You must ensure pest management technicians have the appropriate endorsements and the business has the appropriate equipment relative to the work to be undertaken.

4. Mandatory Supporting Documents (please attach)

1. Business Name record of registration

A copy of record of business name registration demonstrating you are the registered owner of that business name.

2. Proof of identification (one of the following, as applicable)

If applying as a body corporate:

Australian Securities and Investment commission (ASIC) extract showing all company directors and officeholders, current as of the date of submitting this application.

If applying as an individual:

A copy of photo identification with signature (e.g. driver's licence or passport).

If trading in partnership:

A copy of photo identification with signature for all partners (e.g. driver's licence or passport).



5. Applicant Declaration

The application fee must be paid for your application to be processed. An invoice will be forwarded to you on receipt of this application. Refer to Section 6 for further information.

I acknowledge that the business must employ pest management technicians with the appropriate endorsements relative to the work to be undertaken. Provisional technicians must be supervised by a fully qualified pest management technician.

If the applicant is a body corporate, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign this application on their behalf. For applications to trade in a partnership all partners must authorise the application.

I declare the information contained within this application is true and correct:

Full Name:		
Position:		
Signature:	Date:	
Full name of partner (if trading as partnership only):		
Signature:	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**

6. Payment of Application Fee Options

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 withdrawn applications prior to the issuing of a registration can only be requested by the applicant.**

7. 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