



Amend or Replace Registered Pest Management Business Form PS7

Health (*Pesticides*) Regulations 2011

Name of Pest Management Business: _____ Rego No: _____

I am applying to (tick all that apply):

Amend registration details – go to Section 1

Replace a lost registration certificate - go to Section 2

If you have sold the business, please complete the notification to [Transfer a Pest Management Business Registration \(PS6 form\)](#).

1. Proposed Amendments

Tick what you are changing:

Business Name and/or ABN (fee applies)

A copy of your business name record of registration must be attached to this application.

New Registered Business Name:

New Business ABN:

Contact Details (no fee applies)

Business Postal Address:

Business Phone Number:

Email address:

Onsite Contact:

Contact Number:

Business Address (fee applies)

An inspection of new premises may be required.

Premises Address:



Pesticide Vehicles (no fee applies)

An inspection of new vehicles may be required

New Vehicles (not previously registered):	
Vehicle Description	License Plate

Change of license plate for existing approved vehicles:	
Vehicle Description (including old license plate)	New License Plate

Removal / amendment to any Registration Condition(s) (fee applies)

Condition(s) to amend – and reason for adding / removing the condition (attach any relevant documents)

2. Replace a registration

I request a replacement certificate be issued (fee applies)

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



3. Applicant Declaration

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**

4. 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