



Notification to Cancel a Pest Management Business Registration

Health (Pesticides) Regulations 2011

1. Business Registration to be cancelled

Business Name:		
Health Department Business Registration No.		
Telephone Number:		
Email Address:		
Website Address:		
Postal Address:	Postcode:	
Street Address:	Postcode:	
Name of Proprietor:		
Proprietors Address:	Postcode:	
Proprietors Contact Details:	Mobile:	Business Ph:
Name of Nominated Licensed Technician:		
Licence Number of Nominated Technician		



Technicians Address:	Postcode:	
Technician Contact Details:	Mobile:	Business Ph:

2. Declaration

I, (insert proprietor's full name) _____ declare that my pest management business (insert business registration name) _____ ceased trading and operating under my proprietorship on (insert date). _____

3. Application Declaration

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

Signature of Current Proprietor

Date - - / - - / - - - -



4. Lodging this application and enquiries

Your Application form must be signed, dated and returned intact.

Post to:

Pesticide Safety Program

Department of Health WA

P.O Box 8172

Perth Business Centre WA 6849

Phone: (08) 9388 4999 or (08) 9388 4864

Email: pesticidesafety@health.wa.gov.au .

Website: www.public.health.wa.gov.au

ABN: 28 684 750 332

OFFICE USE ONLY		
Registration No	Date of Expiry __/__/_____	
<input type="checkbox"/> Recommended for Approval	<input type="checkbox"/> NOT recommended for Approval	
Name Dept. Officer	Sign	Date __/__/_____
<input type="checkbox"/> Approved	<input type="checkbox"/> NOT Approved	
Name Dept. Authorised Officer	Sign	Date __/__/_____