



# Notification to Transfer a Pest Management Business Registration

*Health (Pesticides) Regulations 2011*

## 1. Business Registration to be Transferred

Business Name: \_\_\_\_\_ Business Registration No. \_\_\_\_\_

## 2. Current proprietor to complete

a. I, (insert current proprietors full name) \_\_\_\_\_ of  
(insert current business physical location) \_\_\_\_\_  
\_\_\_\_\_ transferred my pest management  
business on (insert date) \_\_\_\_\_ to (insert new proprietors name)  
\_\_\_\_\_ of (insert new physical location of business)  
\_\_\_\_\_

b. The following restricted use pesticides were transferred.

Not applicable

List chemicals transferred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**3. New proprietor to complete**

<b>Name of Business / Company</b>	
Health Department Business Registration No.	
Contact Details:	Mob: _____ Ph: _____
E-mail Address	
Website Address	
Postal Address	
	Postcode: _____
Location of Business	
	Postcode: _____
<b>Name of Proprietor</b>	
Proprietor's Address	
	Postcode: _____
Proprietor's Contact Details:	Mob: _____ Ph: _____
	E-mail: _____
<b>Name of Nominated Licensed Technician</b>	
	Licence No: _____
Technician's Address	
	P/C: _____
Contact Details	Mob: _____ Ph: _____
	E-mail: _____



The main pest management business activities include (tick all that applies):

- Feral Vertebrates
- Fumigation\*
- Urban Pest Management
- Weed Control
- Other \_\_\_\_\_ (specify e.g. Power Poles)

**IMPORTANT: \* A business may employ a fumigator but may not conduct fumigations without a site specific approval from the Department of Health.**

**4. Inspection**

**IMPORTANT**

The new proprietor must contact the Department of Health at the time of the transfer to make an appointment to have the business (vehicle and chemicals) inspected by officers of Pesticide Safety.

**5. Declaration by all parties**

The parties declare that information contained in this notification of transfer is true and correct.

Existing Signature of Proprietor	Date	Signature of New Proprietor	Date
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Signature of Nominated Technician working for New Proprietor	Date
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**6. Lodging this application and enquiries**

Your Application form must be signed, dated and returned intact. Incomplete applications will be returned unprocessed.

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](mailto:pesticidesafety@health.wa.gov.au) .  
Website: [www.public.health.wa.gov.au](http://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 _ / _ / _ _ _ _