



Delivering a Healthy WA



ABN 28 684 750 332

HEALTH ACT 1911  
Health (Pesticides) Regulations 1956

### Application for Licence as a Pesticide Operator

TYPE OF LICENCE SOUGHT (PROVISIONAL OR FULL) \_\_\_\_\_

Surname: Given names:	_____	Date of Birth ----/----/-----
Postal Address:	_____	Postcode:
Residential Address:	_____ Postcode: _____	Phone: Mobile
E-Mail Address	_____	
Name of Firm/ Employer:	_____	Phone:
Employers Address:	_____	Postcode:
Qualifications: (Attach copies)	_____	

#### PESTICIDES FOR WHICH LICENCE IS BEING SOUGHT

Chemical: (Attach sheet if insufficient space)	_____	_____
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PROPOSED OPERATIONS		Please indicate with a X (in the box)	
TERMITES	<input type="checkbox"/>	LAWN AND GARDEN	<input type="checkbox"/>
COMMERCIAL AND DOMESTIC PESTS	<input type="checkbox"/>	COMMERCIAL AND GOVERNMENT PROPERTY WEEDS	<input type="checkbox"/>
STORED PRODUCTS	<input type="checkbox"/>	COMMERCIAL/RECREATIONAL TURF (GREENKEEPER)	<input type="checkbox"/>
POWER POLES	<input type="checkbox"/>	HORTICULTURAL PESTS AND WEEDS	<input type="checkbox"/>
SALES PERSON	<input type="checkbox"/>	BUSHLAND AND MINESITE WEEDS	<input type="checkbox"/>
FERAL VERTEBATES	<input type="checkbox"/>	BROADHECTARE	<input type="checkbox"/>
FERAL PIGEONS	<input type="checkbox"/>	FORESTRY	<input type="checkbox"/>

RETURN TOGETHER WITH FEE OF \$\_\_\_\_\_ (Not subject to GST)

Payable with application to:-  
HEALTH CORPORATE NETWORK  
PO BOX 8549,  
PERTH BUSINESS CENTRE WA 6849

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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