



Delivering a Healthy WA



ABN 28 684 750 332

HEALTH ACT 1911
Health (Pesticides) Regulations 1956

Application for Registration as a Commercial Pesticide Firm

NAME OF FIRM/COMPANY	
TELEPHONE NO	
FAX NO	
POSTAL ADDRESS	
	Postcode:
LOCATION ADDRESS	
	Postcode:
E-MAIL ADDRESS	
NAME OF PROPRIETOR	
ADDRESS OF PROPRIETOR	
	Postcode:
PROPRIETOR	
NAME OF LICENSED OPERATOR/S	License No:
OPERATOR'S ADDRESS	
	Postcode:
OPERATOR'S TELEPHONE NO	

NOTE: IT IS A REQUIREMENT OF THE HEALTH (PESTICIDES) REGULATIONS 1956 THAT A COMMERCIAL PESTICIDE FIRM EMPLOY A FULLY LICENSED PEST CONTROL OPERATOR AT ALL TIMES.

RETURN TOGETHER WITH A FEE OF \$_____ (Not Subject to GST)

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

Signature of Proprietor

Date

Signature of Licensed Operator

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