



Delivering a **Healthy WA**



ABN 28 684 750 332

Application for Registration as a Commercial Fumigation Firm

Name of Applicant		
Surname:		
Given Name:		
Date of Birth:		
Name of Firm:		
E-mail Address:		
Firm Postal Address:		
	Postcode:	
Firm Location Address:		
	Postcode:	
Phone:		Fax:
Mobile:		
Fumigator:		

Application is hereby made for registration as a registered firm for the purpose of Division 3 of Part II of the Pesticide Regulations.

Signature of applicant

Date

Return this form together with fee of \$_____ (Not subject to GST)

Payable with application to:

Health Corporate Network

P. O. Box 8549

PERTH BUSINESS CENTRE WA 6849

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