



Delivering a **Healthy WA**



ABN 28 684 750 332

Application for Registration as a Fumigator

Name of applicant Surname:		
Given names:		
Date of Birth:		
E-Mail Address:		
Postal address:		
	Postcode:	
Phone No:		Mobile:
Residential address:		
	Postcode:	
Name of firm:		
Fumigants to be used:		
Qualifications: (Attach Copy)		

Application is hereby made for licence as a Fumigator, for the purpose of Division 3 of Part II of the Health (Pesticides) Regulations 1956.

Signature: _____ Date: _____

Departmental Use Only

Comments	
Medical Certificate	
Signed	

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

Payable to:
Health Corporate Network
P.O. Box 8549
PERTH BUSINESS CENTRE WA 6849

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