



# Cancel a Pest Management Business Registration - Form PS5

*Health (Pesticides) Regulations 2011*

Business Name:

Pest Management  
Business Registration No.

Name of Proprietor:

I declare that the above pest management business ceased trading and operating as a pest management business on (insert date). \_\_\_\_\_

\_\_\_\_\_  
Signature of Current Proprietor

\_\_\_\_\_  
Date

## Lodging this application and enquiries

Return form to:

### Pesticide Licensing

Department of Health WA  
P.O Box 8172  
Perth Business Centre WA 6849  
Phone: (08) 9222 2000  
Email: [pesticidesafety@health.wa.gov.au](mailto:pesticidesafety@health.wa.gov.au) .  
ABN: 28 684 750 332

## OFFICE USE ONLY

Approved

Name Dept. Authorised Officer

Sign

Date