



Transfer a Pest Management Business Registration – Form PS6

Health (Pesticides) Regulations 2011

Current Proprietor to complete

Business Name:

Pest Management Business Registration No:

Current Proprietor:

a. I, the current proprietor of the above business, have transferred my pest management business on to (insert new proprietors name) _____ on (date)_____. The new business premises are located at: (location of business)

b. The following restricted use pesticides were transferred.

Not applicable

List chemicals transferred:

c. The following vehicles were transferred:

Registration Numbers			

OFFICE USE ONLY		
Registration No	Date of Expiry	
Checked by:		
<i>Name of Licensing Officer</i>	<i>Sign</i>	<i>Date</i>
Approved by:		
<i>Name of Authorised Officer</i>	<i>Sign</i>	<i>Date</i>



New proprietor to complete																			
Business Name:																			
Business ABN/ABR:																			
Type of Business Premises: (Tick all that apply)	<table style="width: 100%; border: none;"> <tr> <td colspan="2">Commercial Premises</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Office</td> <td style="text-align: center;">Chemical Storage</td> <td colspan="2" style="text-align: center;">Vehicle Parking</td> </tr> <tr> <td colspan="2">Residential Premises</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Office</td> <td style="text-align: center;">Chemical Storage</td> <td colspan="2" style="text-align: center;">Vehicle Parking</td> </tr> </table>			Commercial Premises				Office	Chemical Storage	Vehicle Parking		Residential Premises				Office	Chemical Storage	Vehicle Parking	
Commercial Premises																			
Office	Chemical Storage	Vehicle Parking																	
Residential Premises																			
Office	Chemical Storage	Vehicle Parking																	
Phone Numbers:																			
Email Address:																			
Website Address:																			
Business Postal Address:	Postcode:																		
Street Address for main business premises (WA based storage/vehicles):	Postcode:																		
Nominated Pest Management Business Registered Proprietor ¹																			
Name:																			
Postal Address:	Postcode:																		
Contact Details:	Mobile:	Business Phone:																	
Nominated Licensed Pest Management Technician ^{2,3}																			
Name:		Licence Number:																	
Address:	Postcode:																		
Phone:	Mobile:	Business Phone:																	

¹ The Registered Proprietor has specific responsibilities under the *Health (Pesticide) Regulations 2011*

² Provisional licence holders cannot be a nominated technician

³ IMPORTANT: A business may employ a fumigator but may not conduct fumigations without a site-specific approval from the Department of Health



The main pest management business activities will include (tick all that applies):

Feral Vertebrates

Weed Control

Fumigation

Other _____

Sales Only

(please specify. e.g. Power Poles)

Urban Pest Management

New proprietor to complete

Before lodging this application check that you have:

- attached a copy of your ASIC Record of Business Name Registration
- provided information that the nominated pest management business proprietor is the owner/director **OR** correspondence company executive/director that supports your allocation to the position
- contacted the local government for any required building or planning approvals.

I, the person making this application, declare that the information contained in this application is true and correct and I have read the [guide to registering a business \(PDF 167KB\)](#) at <https://www.health.wa.gov.au/Health-for/Licensing-and-industry/Pesticides>

_____ Date __ / __ / ____
Signature of nominated /Proprietor

_____ Date __ / __ / ____
Signature of Nominated Technician

Payment and submission of form

Amendment to business registration fee applies. Fees are reviewed annually and are listed here: https://www.health.wa.gov.au/Articles/A_E/Application-forms-and-fees-for-pesticide-licencing

Fee payment information will be forwarded to you once we receive your application. If payment is being made by a person other than the applicant please provide their contact details below:

Full Name:

Email Address:

Phone Number:

Pesticide Licensing

Department of Health WA

PO Box 8172

Perth Business Centre WA 6849

Email: pesticidesafety@health.wa.gov.au

Phone: (08) 9222 2000

ABN: 28 684 750 332