

Change of Contact Details

Name:	Licence No: L
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Note: Enter only the details you have changed

CONTACT DETAILS	Address:
	Postcode:
	Telephone: Mobile: Fax:
	Email:
EMPLOYER DETAILS	Name of Employer (Business Name):
	Employer Business Address:
	Postcode:
	Business Hours Telephone: Fax:
	Employer DHS Registration Number: A
SUPERVISOR DETAILS	Name of Supervisor:
	Supervisor DHS Licence Number: L
BUSINESS DETAILS	Business Name:
	Business Address:
	Postcode:
	Business Hours Telephone: Fax:
	Business DHS Registration Number: A

DECLARATION (to be signed and dated)

I confirm that the above details are current and correct

Signature:

Date:

Please return to:
 Pest Control Program
 Department of Human Services
 GPO Box 4057
 Melbourne VIC 3001
 Fax 1300 881 765
 email: pestcontrol@dhs.vic.gov.au

Please note, it is a condition of licence that you advise DHS within 10 days of any changes to the above details. If you do not include your licence number on this form, we cannot process the update.