

Drugs and Poisons: Cyanide Permit Application Form

Please read the following instructions carefully

Complete all sections and sign and date this application where indicated. Refer to the fact sheet at the end of this application for assistance with completing an application.

You must submit with this completed application:

- A cyanide management plan using the *Drugs and Poisons: Cyanide Management Plan Template* available at www.health.qld.gov.au/ph/ehu/drugs_poisons.asp.
- Certified photographic proof of identity.
- Documentation from the relevant Local Government identifying the zoning category for the proposed location for cyanide storage and use (eg. print out from Council website, email or fax with property details and zone identified).
- Where the cyanide is proposed to be used in a residential area (as identified by Local Government zoning), you must provide evidence from the relevant Local Government that the proposed location satisfies the zoning requirements for the proposed use of cyanide.
- All new applicants (and applicants making a continuing application where the business name has changed) must provide a certified copy of the *Business Names Extract* issued under the *Business Names Act 1962*.
- If you are the holder (or applying on behalf of the holder) of another cyanide permit (including any interstate permits), you must attach a certified copy of the permit and provide the details of any cyanide currently held under this permit.
- If you are the holder (or applying on behalf of the holder) of another drugs and poisons endorsement (including any interstate endorsements), you must attach a certified copy of any endorsements and provide the details of any such endorsements.
- Where the applicant has ticked "yes" to any questions included under the "Disclosure" section of the application form, you must provide documentation that includes details of the suspension, cancellation or nature of the offence and the circumstances of its commission.

Is this application for:

a new permit (ie. the applicant has never held a Queensland Health issued cyanide permit or their previous Queensland Health issued cyanide permit expired more than 1 month ago)

or

a continuing permit (ie. the applicant holds a current Queensland Health issued cyanide permit or their previous Queensland Health issued cyanide permit expired less than 1 month ago)

Is this application for the purpose of:

obtaining, possessing and using cyanide(s)

or

possessing and using cyanide(s) you currently possess

1. Applicant details

Individual

Given names <i>Do not abbreviate</i>		Surname	
Date of birth		Birth place <i>Town and country</i>	
Residential address			
Telephone		Mobile	ABN
Private postal address <i>If different to residential</i>			
E-mail address		Fax no	
Local Government Area			

Corporate applicant			
Company name		ACN	
Director of company			
Given names <i>Do not abbreviate</i>		Surname	
Date of birth		Birth place <i>Town and country</i>	
Residential address			
Telephone		Mobile	
Private postal address <i>If different to above</i>			
E-mail address		Fax no	
2. Business details (regarding where the cyanide is to be stored)			
Business name		ABN	
Street address			
Postal address <i>If different to above</i>			
Telephone (Work) <i>not mobile</i>		Fax no	
Real property description			
Council zoning category			
Description of place where cyanide is to be stored			
3. Business details (regarding where the cyanide is to be used)			
Business name		ABN	
Street address <i>If mobile electroplater provide make, model and registration no. of vehicle here</i>			
Postal address <i>If different to above</i>			
Telephone (Work) <i>not mobile</i>		Fax no	
Real property description			
Council zoning category			
Description of place where cyanide is to be used			
4. Proposed purpose(s) for use (reasons why a cyanide permit is required, including type of business)			

5. Estimated usage rates of cyanide(s) requested		
Indicate the estimated usage of the cyanide(s) per month.		
6. Details of cyanides required to be obtained (provide chemical names)		
Type of cyanide	Strength of cyanide	Volume/amount required
7. Period for which cyanide permit is required		
Over what time period is the cyanide required? <i>Cyanide permits are usually granted for a maximum of two years</i>		
8. Other cyanide permits held (including interstate permits) and cyanide(s) held		
Are you (or the organisation you are applying on behalf of) the holder of another cyanide permit? If "yes" attach a certified copy of this permit and provide details in the space below of any cyanide(s) currently held under this permit. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of cyanide	Strength of cyanide	Volume/amount
9. Other drugs and poisons endorsements (including licences, permits, approvals, authorities) held (including those from interstate)		
Are you (or the organisation you are applying on behalf of) the holder of another drugs and poisons endorsement? If "yes" attach a certified copy of each endorsement and provide the details in the space below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of endorsement	Endorsement number	State of Issue

10. Disclosure by applicant

- Have you:
- been convicted of an indictable offence?
(Drink driving and minor traffic offences are not indictable offences) Yes No
- been convicted of an offence against the *Health Act 1937* or the *Health (Drugs and Poisons) Regulation 1996*? Yes No
- held an endorsement granted under the *Health (Drugs and Poisons) Regulation 1996* that was suspended or cancelled? Yes No
- held an endorsement granted under another Australian State or Territory's drugs and poisons legislation that was suspended or cancelled? Yes No
- ever been refused an endorsement under the *Health (Drugs and Poisons) Regulation 1996*? Yes No
- Note: an endorsement includes an approval, an authority, a drug or poison licence, a strychnine permit, a cyanide permit.

If YES (including spent convictions), please attach documentation that provides details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of section 15 of the Health (Drugs and Poisons) Regulation 1996 are met, Queensland Health may in certain circumstances, provide the information contained in this application to relevant external agencies.

Note: *Spent conviction* means a conviction –

- (a) for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired under that Act; and
(b) that is not revived as prescribed by *section 11* of that Act.

11. Declaration by applicant

- I declare that the information stated by me on this application form is true and correct. Yes No
- I consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory or Commonwealth agency regarding any matters relevant to this application. Yes No
- I/We fully understand my/our obligations under Chapter 4, Part 2, Division 1 of the *Health (Drugs and Poisons) Regulation 1996* Yes No

Signature		Date	
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