

Privacy Statement

The information provided on this form will be held as part of the Department of Primary Industries and Fisheries' Agricultural Property System. This information may, in certain special circumstances, be used for other purposes. Any disclosure of information by the Department will be in accordance with law or relevant codes of practice.

1. Property Description

Commencement Date of Property **Note:** Boxes marked must be completed as required under the *Stock Act 1915*. This information provides the minimum data necessary to utilise this system.

Size of Property Unit of Measure (e.g. hectares, acres)

	Lot Number	Plan Number	Reason
Principal Lot on Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Lot on Plan Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

All Local Government PIC of each registrable holding

Worked as 1 Unit? No Yes *If yes, please attach evidence.*

2. About the Property

Property Name

Address

Telephone Number Contact Period

Facsimile Number Email Address

3. About the Industry Activity

Industry (e.g. Cattle, Wheat)	Production (e.g. Meat, Dairy, Cereal)	Enterprise (e.g. Breeding, Feedlot)	Animal Only	Average Animal number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Signature of Person Completing Form

I certify that the above information is correct.

Name (Please Print) Role (e.g. Property Owner, Manager)

Signature Date

DPI&F Use Only

Form Receipt

a. Form Id

b. Type of Registration (Tick appropriate box) New Update Stock Act Other (Specify)

c. Reason for Registration (Tick appropriate box) Stock Act Other (Specify)

d. Received by Name (Please Print) Location Initials Date

Animal Information

e. Property Disease Status: Cattle Tick Tuberculosis Other (Specify)

f. Registered Holding Number **APS Entry** g. APS Property Id h Client Id Form Custody j. Location

i. Entered into APS by Name (Please Print) (If same as for d. put "as above") Location Initials Date