

# Application form

## Section 11(i) – Nature Conservation (Administration) Regulation 2006

### Wildlife farming licence

#### OFFICIAL USE ONLY

DATE RECEIVED

FILE REF

PROJECT REF

COMPLETE FORM

CORRECT AA

COMPLETE FEE

ADMINISTERING DISTRICT

ENTERED BY [SIGNATURE]

DATE

#### RECEIPTING DETAILS ONLY

DATE RECEIPTED

RECEIPT NUMBER

AMOUNT RECEIVED

\$

RECEIPTED BY (NAME AND OFFICE)

#### Important information for applicants

This form is to be used to apply for a wildlife farming licence. Information requested will enable your application to be processed as prescribed by the *Nature Conservation Act 1992*. Your application must be assessed and a licence granted by the chief executive before you can proceed with the proposed activity. Your application may take up to 40 business days to process.

Before completing your application please read the information materials included with your application kit. Before lodging this application you should be familiar with the requirements of the Nature Conservation Act available on the Office of the Queensland Parliamentary Counsel website <http://www.legislation.qld.gov.au>. If you have queries about how to complete this form correctly or need guidance contact Permit and Licence Management on **1300 130 372**.

#### Applicant information

A wildlife authority may only be granted to an individual or corporation (only if the corporation has an office within Queensland). Please tick the appropriate box:

- AN INDIVIDUAL** → **Complete Section 1 applicant details — then complete sections 3 to 11**
- A CORPORATION** → **Complete Section 2 applicant details — then complete sections 3 to 11.**

#### 1. Applicant details for an individual

A person under the age of 18 cannot hold a wildlife farming licence.

APPLICANT'S FAMILY NAME		TITLE
APPLICANT'S GIVEN NAME/S		DATE OF BIRTH
RESIDENTIAL ADDRESS (NOT A POST OFFICE BOX)		POST CODE
TELEPHONE (BUSINESS HOURS)	MOBILE	FACSIMILE
TELEPHONE (AFTER HOURS)	EMAIL	
POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME AS RESIDENTIAL ADDRESS)		POST CODE

## 2. Application details for corporations

REGISTERED LEGAL ENTITY NAME (NOT A BUSINESS TRADING NAME)	
TRADING NAME/S (IF APPLICABLE)	
REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX)	POST CODE
TELEPHONE (BUSINESS HOURS)	FACSIMILE
EMAIL	WEBSITE
POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME AS BUSINESS ADDRESS)	POST CODE
ABN / ACN / AN, OR TITLE AND SECTION OF LEGISLATION UNDER WHICH CORPORATION HAS LEGAL STATUS	
NAME OF PRINCIPAL OF CORPORATION	
SIGNATURE OF PRINCIPAL OF CORPORATION (or person authorised to sign on their behalf)	DATE

## Details of nominated person in charge where the licensed activity is to be undertaken

NOMINATED CONTACT PERSON'S FAMILY NAME		TITLE
NOMINATED CONTACT PERSON'S GIVEN NAME/S		DATE OF BIRTH
RESIDENTIAL ADDRESS (NOT A POST OFFICE BOX)		POSTCODE
TELEPHONE (BUSINESS HOURS)	MOBILE	FACSIMILE
TELEPHONE (AFTER HOURS)	EMAIL	
POSTAL ADDRESS (WRITE "AS ABOVE" IF SAME AS RESIDENTIAL ADDRESS)		POSTCODE

## 3. Have you previously held this type of permit?

This may include permits in other States.

Yes  No  If yes, state the permit number (if known)

If yes, has the 'return of operations' been submitted?  Yes  No

(A return of operation is due for each 3 month period during the life of the permit)

If no, a permit may not be issued until returns are submitted.

#### 4. Wildlife details

**What wildlife does the application refer to?**

- Butterflies
- Crocodiles
- Emus
- Snakes
- Water Buffalo

#### 5. Place of keeping wildlife?

ADDRESS	POST CODE

#### 6. Origin of wildlife

**Where will you obtain the wildlife from?** (e.g. purchase details, moving from interstate etc.)

#### 7. Applicant suitability

The permit may be granted if the applicant is an appropriate person to hold the permit, that is, if the applicant has the ability to carry out activities under the authority in a competent and ethical way.

QUESTIONS		DETAILS
1. During the past 10 years have you ever (in Queensland or elsewhere) been found guilty of any criminal offence or entered a plea of guilty in a Court?  (Note: does not include simple traffic offences such as parking, speeding) If yes, provide details of the offence/s.	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
2. Have you ever had an equivalent permit from another State, Territory or country that was suspended and/or cancelled?  If yes, provide details about the permit, the date it was suspended and/or cancelled and reasons for suspension/cancellation.	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

## 8. Declaration

Note: If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.

- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true.
- I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

APPLICANT'S NAME	
APPLICANT'S SIGNATURE	DATE
IF THE APPLICANT IS A CORPORATION, PLEASE INDICATE YOUR POSITION IN THE CORPORATION	

## 9. Applicant checklist

- Application form completed, signed and dated
- Fees paid or enclosed
- Record book fee paid or enclosed
- Supporting information or accreditation attached (if applicable)

**Please make all cheques payable to EHP**

Please return your completed application kit to:

**Permit and Licence Management**  
**Department of Environment and Heritage Protection**  
GPO Box 2454  
Brisbane  
Queensland 4001

Enquiries: **1300 130 372**  
Facsimile: (07) 3896 3342  
Email: [palm@ehp.qld.gov.au](mailto:palm@ehp.qld.gov.au)

Code of Practice or guidelines may be obtained from the EHP website <http://www.ehp.qld.gov.au> or by contacting the EHP Referral Centre on 1300 130 372.