

Application form

Section 299 – Nature Conservation (Wildlife Management) Regulation 2006

OFFICIAL USE ONLY

DATE RECEIVED

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FILE REF

PROJECT REF

COMPLETE FORM CORRECT AA

COMPLETE FEE

ADMINISTERING DISTRICT

ENTERED BY [SIGNATURE]

DATE

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Authorised cultivator - Queensland (protected plants)

Important information for applicants

This form is to be used to apply for an authorised cultivator (Queensland) approval. Information requested will enable your application to be processed as prescribed by the *Nature Conservation Act 1992*. Your application must be assessed and a permit granted by the chief executive before you can proceed with the proposed activity. Your application may take up to 40 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 permit may only be granted to an individual or corporation. Please tick the appropriate box:

- AN INDIVIDUAL** → Complete Section 1 applicant details — then complete sections 3 to 9
- A CORPORATION** → Complete Section 2 applicant details — then complete sections 3 to 9

1. Applicant details for an individual

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 authorised 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)

4. Species details

What plants does the application refer to?

(If you require more space, attach a separate sheet of plant details)

SCIENTIFIC NAME	COMMON NAME	SCHEDULE NUMBER (IF KNOWN)	L – LIVING P – PARTS/ PRODUCTS	QUANTITY

5. Place of keeping plants?

REGISTERED ADDRESS	POSTCODE
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6. Origin of plants

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

8. Applicant suitability

The approval may be granted if the applicant is an appropriate person to hold the approval, that is, if the applicant has the ability to carry out the activity under the authority in a competent or 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

<p>2. Have you ever had an equivalent permit from another State 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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
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9. 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*.

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

10. Applicant checklist

- Application form completed and signed

Please return your completed application kit to:
Permit and Licence Management
Department of Environment and Resource Management
 GPO Box 2454
 Brisbane Qld 4001
 Enquiries: **1300 130 372**
 Facsimile: (07) 3896 3342
 E-mail: palm@derm.qld.gov.au

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