

# Application form

## Section 12(a) – Nature Conservation (Administration) Regulation 2006

### OFFICIAL USE ONLY

DATE RECEIVED

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FILE REF

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PROJECT REF

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COMPLETE FORM

CORRECT AA

COMPLETE FEE

ADMINISTERING DISTRICT

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ENTERED BY [SIGNATURE]

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DATE

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## Damage mitigation permit (culling and dispersal of wildlife)

### Important information for applicants

This form is to be used to apply for a damage mitigation permit for the purpose of culling and dispersal of wildlife (**note: a separate application form is required for lethal take of flying-foxes damaging crops**). Information requested will enable your application to be processed as prescribed by the *Nature Conservation Act 1992*. A damage mitigation permit may be granted for a maximum period of six months, unless you operate under an approved property management plan (PMP), when it may be granted for a maximum period of three years. If you wish to submit a PMP for approval and receive a damage mitigation permit for up to three years please contact Permit and Licence Management on 1300 130 372 for the appropriate PMP template form to accompany this application. 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 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 from 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 the 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

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

**Application form**

**Damage mitigation permit (culling and dispersal of wildlife)**

TELEPHONE (AFTER HOURS)	EMAIL	
POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME AS RESIDENTIAL ADDRESS)		POST CODE

**2. Application details for corporations**

REGISTERED LEGAL ENTITTY 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 RESIDENTIAL 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. Provide the name(s) of the persons(s) operating under this permit**

FAMILY NAME	GIVEN NAME
FAMILY NAME	GIVEN NAME
FAMILY NAME	GIVEN NAME
FAMILY NAME	GIVEN NAME
FAMILY NAME	GIVEN NAME

**5. What is your reason for applying for this permit?** (e.g. damage to pastures, grains, crops, threat to human health and well-being etc.)

STATEMENT OF REASONS
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**6. Outline monetary loss experienced**

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**7. What previous damage mitigation method(s) have you tried (if any) and was this successful?** *(You must be able to demonstrate that you have tried a combination of at least two non-lethal methods before a lethal damage mitigation permit application will be considered)*

PREVIOUS METHOD/S
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**8. Activity location**

Where will the activities be conducted? Provide the street address, real property description(s) of the land(s) in which the project is located and local government area. If you require more space, attach a separate sheet.

STREET ADDRESS	
LOT	PLAN
LOCAL GOVERNMENT AREA	

If possible provide a specific location, a property name or an attached map with the location clearly delineated. Also include the map name/details.

SPECIFIC LOCATION/PROPERTY NAME
GEOGRAPHICAL COORDINATES

**9. Wildlife details**

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

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

COMMON NAME	SCIENTIFIC NAME	QUANTITY

**10. What are the approximate start and completion dates of the project?**

START DATE	FINISH DATE
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**11. Weapons Act licence number**

If you intend to use a firearm to take wildlife please give your Weapons Act licence number and attach a photocopy of your licence or have your licence sighted and your application witnessed by a Queensland Parks and Wildlife Service officer, a Queensland Police Officer or a Commissioner for Declarations/Justice of the Peace.

**Licence details**

NAME ON LICENCE
LICENCE NUMBER

**Witnessing officer** (Not required if a copy of your Weapons Act licence is attached)

SIGNATURE	TITLE
FAMILY NAME	
GIVEN NAME/S	

**If you require additional space, attach a separate sheet of Weapons Act licence details.**

**12. 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
<p>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?</p> <p>(Note: does not include simple traffic offences such as parking, speeding). If yes, provide details of the offence/s.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>2. Have you ever had an equivalent permit from another State, Territory or country that was suspended and/or cancelled?</p> <p>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</p> <p><input type="checkbox"/> NO</p>

### 13. 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	

### 14. Applicant checklist

- Application form completed, signed and dated
- Supporting information and accreditation attached (if applicable)

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.