

Application form

Threatened Species
Section 14(c) – Nature Conservation (Administration) Regulation 2006

Commercial wildlife harvesting licence (protected plants)

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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Important information for applicants

This form is to be used to apply for a commercial wildlife harvesting licence (protected plants). 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	

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POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME AS RESIDENTIAL ADDRESS)	POST CODE
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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)

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4. What is the purpose of the harvest?

PLANT PARTS	WHOLE PLANTS
<input type="checkbox"/> Sustainable harvest of plant parts	<input type="checkbox"/> Stock plant/s
<input type="checkbox"/> Bioprospecting	<input type="checkbox"/> Bioprospecting
<input type="checkbox"/> Salvage	<input type="checkbox"/> Salvage

5. Plant 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 D – DEAD P – PARTS/ PRODUCTS	QUANTITY

6. What property or properties do you intend to take plants from?

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

LOT ON PLAN DESCRIPTION AND ADDRESS	
LOCAL GOVERNMENT NAME	PARISH NAME
PROPERTY OWNER'S OR OCCUPIER'S FAMILY NAME	PROPERTY OWNER'S OR OCCUPIER'S GIVEN NAME/S
PROPERTY OWNER'S OR OCCUPIER'S SIGNATURE ALLOWING THE HARVEST OF THESE PLANTS / PLANT PARTS FROM THIS PROPERTY	IF A SIGNATURE IS NOT OBTAINABLE, IS THE PROPERTY OWNER'S OR OCCUPIER'S PERMISSION DEMONSTRATED ON A COMPLETED LANDHOLDER STATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

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7. Place of keeping plants

ADDRESS	POSTCODE
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8. Applicant suitability

The licence may be granted if the applicant is an appropriate person to hold the licence, 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 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

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*.

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

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10. Applicant checklist

- Salvage plan attached and complete
- Application form completed and signed
- Landholder statement completed and signed
- Fees paid or enclosed
- Record book fee paid or enclosed

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 Qld 4001
Enquiries: **1300 130 372**
Facsimile: (07) 3896 3342
E-mail: 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.