



Please complete this application only if there is no current permit for the property, or details of ownership, land use, risk, products or nominated parties recorded on the application for the current permit have changed.

Restricted Chemical Product (RCP) permit application

Applicant - The applicant must be the owner/occupier of the land to be baited, their authorised agent or an authorised person.

Name		Applicant status	
Contact Address		<input type="checkbox"/> Owner	
Trading name (if applicable)	Telephone number	<input type="checkbox"/> Occupier	
Fax/Email	Mobile	<input type="checkbox"/> Authorised person	
Property address		<input type="checkbox"/> Agent (authority attached)	
Postal address		Postcode	

Nominated S7 Retailer / Licensed Pest Management Technician to supply products

Nominated S7 retailer/technician	License number	
S7 retailer address	Postcode	
Telephone	Fax	Email

Remarks

Attach a property map: include points below where relevant and show all distances from bait area.

- **Highlight:** all access/entry points.
- Indicate: roads & tracks used for baiting.
- Indicate: water bodies and water courses.
- **◆:** constructed recreational sites.
- **Shade in:** sites or areas not to be baited.
- **X:** locations of dwellings (own & adjacent).
- **▲:** proposed location of all poison warning signs
- **Diagonal hatch:** large properties may also indicate general baiting area.

Important - Please note

Applications for permits must be paid PRIOR to processing. Once the application is submitted, an invoice will be issued and the application will be processed when payment is confirmed.

Applicant Declaration

I, _____
of _____

request a permit to use restricted chemical products from _____ to _____

and being over 18 years of age and the owner/occupier/authorised agent of the above land state that:

- the above information and the attached map is true and correct, and should the use of the recommended products on my property be approved.

I hereby agree to ensure that I and any person nominated as my agent, receiver or approved user for the purposes of this application is appropriately trained and/or authorised and shall comply with the relevant code of practice and label directions of use particularly in respect to:

- neighbour notification, warning signs, distance restrictions, clean up after baiting and disposal of wastes, precautionary measures, storage and transport and record keeping; and
- will also comply with any and all additional conditions applied by the authorised risk assessment officer.

As the owner/occupier/approved agent of the above land I acknowledge that should the risk factors on this property change or any of the nominated persons/retailers change, I must inform an authorising officer and submit a revised baiting application form and property map.

Signature	Print and sign	Date
-----------	----------------	------

Nominated persons

Approved user	Receiver	Name and address	Telephone	Authorised person	Approved pastoralist	Licensed Pest Management Technician License number
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Baiting Program

Please note use of strychnine for emu control is restricted to Licensed Pest Mangement Technicians and authorised persons

Date baiting begins	Date baiting ends	Target Species	Type of Product	Bait area	Quantity	Supply interval every number of weeks
			Liquid concentrate will only be issued to licensed pest management technicians and approved pastoralists			

I approve my details being released to my local Recognised Biosecurity Group to participate in coordinated baiting and pest control in my area

Office use Only

Reference number	<input type="text"/>	Status of the application <input type="checkbox"/> Approved Permit number <input type="text"/> <input type="checkbox"/> Not Approved Reason <input type="text"/>
Date	<input type="text"/>	
Amount paid	<input type="text"/>	
Invoice number	<input type="text"/>	

Licensing officer **Signature**