

Invasive Species (Sort Bin 18)

Department of Agriculture and Food, Western Australia

Locked Bag 4, Bentley Delivery Centre WA 6983

Email: ISpermit@agric.wa.gov.au, Fax: 9368 3757



A permit is sought to move a C1, C2 declared pest or animal. plant or any other thing infested with a C1, C2 declared pest within that declared pest area.

Biosecurity and Agriculture Management Act 2007 and Regulations 2013

Application for Permit to move a Declared Pest (r16)

If an application is made by a body corporate or partnership, the application must nominate at least one individual concerned in the management of, or employed by, the body corporate or partnership, who will be responsible for the supervision of activities authorised by the permit and state the contact details of the individual.

| the eapervioletter. | activities dativi | 51.00d by til | o pomini am | a state the contact | | nrai vradan | |
|--|-------------------|---------------|-------------|---------------------|------------------|-------------------------|--|
| Part A - Applica | nt / Nomina | ted Agent | details | | | | |
| Full Name | | | | | | | |
| Business Name (i | f applicable) | | | | | | |
| Applicant mailing | address and | contact de | etails | | | | |
| Number | Stree | et | | | | | |
| Suburb | · | | | State/Territory | | Postcode | |
| Phone | | Mobil | е | | Fax | | |
| Email | | • | | | <u> </u> | | |
| Property address (if different from mailing address) | | | | | | | |
| Number | Stree | et | | | | | |
| Suburb | , | | | State/Territory | | Postcode | |
| Please nominate your preferred contact method phone mobile email | | | | | | | |
| Part B - Movemo | ent details | | | | | | |
| Species name (sc | ientific name) | | | | | | |
| Quantity | | | | Date of movement | | | |
| From (property add | dress) | | | | | | |
| To (property addre | ss) | | | | | | |
| Justification/ Reason (attach supporting documentation to application if required) | | | | | | | |
| Part C - Declara | tion | | | | | | |
| I declare that a) I a and will abide by al | | | | | is correct to tl | he best of my knowledge | |
| Name | | | Signature | , | | Date | |
| Please send comp RCP Applications | oleted applica | ations to: | | | t - Please not | te | |

processing. Once the application is submitted, an

invoice will be issued and the application will be

processed when payment is confirmed.

| Part D - Office use only | | | | | | |
|--------------------------|---------------------------|--|--|--|--|--|
| Reference number | Status of the application | | | | | |
| Invoice number | □Approved □Not Approved | | | | | |
| Amount paid | Permit number | | | | | |
| Date | | | | | | |
| Licensing officer | Reason | | | | | |
| Signature | | | | | | |