APPLICATION FOR CROWN LAND SUPPLIER'S LICENCE

(Pursuant to Regulation 64 of the Biodiversity Conservation Regulations 2018)

NOTE TO ALL APPLICANTS:

• Please complete ALL sections. Further information may be obtained from the Wildlife Licensing Section, **9219 9836 or** wildlifelicensing@dbca.wa.gov.au.

Application should be mailed to: Wildlife Licensing Section

Department of Biodiversity, Conservation and Attractions (DBCA)

Locked Bag 30, Bentley Delivery Centre, WA 6983.

Email to wildlifelicensing@dbca.wa.gov.au, faxed to (08) 9219 8242

Complete 1A OR 1B									
1A. Applicant details	- INDIVIDUAL								
Mr / Mrs / Ms / Dr	First Name								
	Other names (middle)								
	Surname								
Residential Address									
Suburb				Postcode			State	9	
Postal Address									
Suburb				Postcode			State	•	
Email:				Date of Birt	h	/ /			
Phone Contact No.			Previous	Lic. No.					
Proof of identification	n (photo identification red	quired, eg	, driver's lic	ence, passp	ort)			Atta	ched
1B. Applicant details – COMPANY / BODY CORPORATE									
Company Name		iti Oitiiti							
Business Address									
Suburb				Postcode			State	2	
Postal Address				1 0010000			Clare		
Suburb				Postcode			State	•	
Email:				Date of Birt	h				
Phone Contact No.			Previous			, ,			
Name of contact person			1100000						
Proof of identification (eg. ABN, ACN registration documentation)									
Refer 'Responsibility of certain	ain persons,' Biodiversity Conser	vation Act 20	016 Part 13 D	iv 2 for liability ii	nformat	tion			
2. Prior Convictions									
Have you been convicted of any wildlife or plant related offence in the past 5 years? Yes No									
If Yes, please provide details (offence, date)									

3. Proposed activities											
		of flora for supply		Flora taken under previous DBCA licence, to take and supply			Licence N	No./s			
	purposes	oses		Flora taken lawfully (clearing permit, exemption) for supply		Attach evidence of lawful take to this application (eg. approved building envelope if exemption Reg 5, Item 1, etc)					
Plea	ther infor ase attach mit docume	any other docume	entation	or co	mments rele	evant to your	applicatior	n eg. Proo	f of salvage/clearing		
		licence and fees ils on last page	(tick c	one)							
			[l year	\$60					
Renewal application fee			I		3 years	\$120					
				l year	\$60						
New application fee				3 years	\$120						
10.	Use and d	lisclosure of info	rmatio	n							
Information that you provide will be used and disclosed in accordance with sections 274 and 275 of the <i>Biodiversity Conservation Act 2016</i> (WA). This may include use for licence monitoring and compliance, to inform you of any licence or legislative requirements or changes, to seek your feedback on wildlife related licensing and legislation, and disclosure to other State and Commonwealth agencies for administration or enforcement purposes. You also consent to the release of information concerning the grant of the licence, and of any conditions of the licence, in response to inquiries made to the Department.											
11. Declaration by applicant											
	Yes I understand that there are penalties for making false or misleading statements in or in connection with a licence application and that making false or misleading statements may lead to the cancellation of my licence and may affect my ability to hold licences in the future. All details provided by me to DBCA in relation to this application are true and correct, and I consent to the use and disclosure of information for the purposes described in the 'Use and disclosure of information' section above.										
Signed:				Date:							

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CASH (enclosed)		
CHEQUE / MONEY ORDER (enclosed, or posted by mail)	Payable to Department of Biodivers ("DBCA") to be attached to complete	
EFT TRANSFER	Acct Name: DBCA BSB: 066-040 Acct No.: 11300006	Ref: "64 <i>Surname</i> , <i>Initial</i> " (max 18 characters)
CREDIT CARD (details below)		

*Any details below will be detached and destroyed once payment is processed. Please print clearly						
VISA / MASTERCARD (Please circle)						
Name of Cardholder:	Signature:	Amount: \$				
Card No:		Expiry Date:/				