



RESTRICTED CHEMICAL PRODUCT RISK ASSESSMENT PERMIT APPLICATION

Application to possess and use registered 1080 or Strychnine products for vertebrate animal control on leasehold or freehold land.

OFFICE USE ONLY Application No / FRF:	Property CRIS No.:
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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.

The applicant must be the Owner/Occupier of the land to be baited, their authorised Agent or an Authorised person.

Applicant's name:	[Redacted]		
Contact Address:			
Applicant Status:	<input type="checkbox"/> Owner <input type="checkbox"/> Occupier <input type="checkbox"/> Authorised person <input type="checkbox"/> Agent (authority attached)		
Applicant's Trading Name:			
Telephone No:	Fax/Email:	Mobile:	
Property Address:	Shire:	Total area of property (Ha):	
Postal Address:	Postcode:		
Approval period sought for Risk Assessment: / / to / / (may be up to five years)			
Nominated S7 Retailer to supply products:			
S7 Retailer Address:	License No:	Telephone No:	Fax No:
Postcode:		Email:	

Attach a Map of the Property – include points below where relevant and show all distances from bait area

- | | |
|---|--|
| <ul style="list-style-type: none"> Indicate sites or areas not to be baited (shade in); Roads & tracks (indicating those used for baiting Location of dwellings (own and adjacent) (X); Proposed locations of all poison warning signs (▲); | <ul style="list-style-type: none"> Access (public and management), highlighting public entry points; Water bodies and water courses. Constructed Recreational sites (◆) Large properties may also indicate general baiting area (diagonal hatch) |
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Applicant Declaration

I, (Print full name)
of (Property address)

and being 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, cleanup 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: _____ **Date:** / /

Please see over to complete details of the type and quantity of products required, and to nominate any appropriate person to act as your agent to receive and or lay baits.



Proposed baiting periods :		Species to be baited during specified period:				
1	Date from to	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Foxes	<input type="checkbox"/> Wild dogs	<input type="checkbox"/> Feral pigs	<input type="checkbox"/> Emu
2	Date from to	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Foxes	<input type="checkbox"/> Wild dogs	<input type="checkbox"/> Feral pigs	<input type="checkbox"/> Emu
3	Date from to	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Foxes	<input type="checkbox"/> Wild dogs	<input type="checkbox"/> Feral pigs	<input type="checkbox"/> Emu
4	Date from to	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Foxes	<input type="checkbox"/> Wild dogs	<input type="checkbox"/> Feral pigs	<input type="checkbox"/> Emu
5	Date from to	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Foxes	<input type="checkbox"/> Wild dogs	<input type="checkbox"/> Feral pigs	<input type="checkbox"/> Emu

Target Species	Bait area	Type of Product	Quantity	Supply interval: every # weeks
Note: Liquid concentrate will only be issued to Licensed Pest Management Technicians and Approved Pastoralists				
Rabbits	Length of transect (km):	<input type="checkbox"/> Oat bait (Pre-prepared ready to lay) <input type="checkbox"/> Pre-mixed Pre-feed Oat Bait 1080 liquid concentrate 40g/L <input type="checkbox"/> 100ml		
Wild dogs (Community Baiting)	Area to be baited (ha):	<input type="checkbox"/> Wild dog bait 6mg/bait 1080 liquid concentrate 30g/L <input type="checkbox"/> 100ml <input type="checkbox"/> 120ml <input type="checkbox"/> 1 litre <input type="checkbox"/> 1.2 litre		
Wild dogs (Landholder Use)	Area to be baited (ha):	<input type="checkbox"/> Wild dog bait 6mg/bait <input type="checkbox"/> Impregnated oat 6mg 1080 liquid concentrate 30g/L <input type="checkbox"/> 100ml <input type="checkbox"/> 120ml <input type="checkbox"/> 1 litre <input type="checkbox"/> 1.2 litre Strychnine <input type="checkbox"/> 25g (jar)		
Wild dogs (Supplied by LPMT)	Area to be baited (ha):	<input type="checkbox"/> Wild dog bait 6mg/bait <input type="checkbox"/> Impregnated oat 6mg 1080 liquid concentrate 30g/L <input type="checkbox"/> 100ml <input type="checkbox"/> 120ml <input type="checkbox"/> 1 litre <input type="checkbox"/> 1.2 litre <input type="checkbox"/> Strychnine 025g (jar)		
Feral pigs	Area to be baited (ha):	<input type="checkbox"/> Feral pig bait 72mg/bait 1080 liquid concentrate 40g/L <input type="checkbox"/> 100ml		

Approved Users must be appropriately trained and/or authorised. Authorised persons are DAFWA / DEC/ DoH employees.

Name & Address	Tel No	Authorised Person	Approved Pastoralist	LPMT (Lic #)
		<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"/>	

Nominated Receivers

Name & Address	Tel No