



Biosecurity and Agriculture Management Act 2007 and Regulations 2013

Application for permit to move a potential carrier into Small hive beetle free area of Western Australia (r.19)

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.

Part A - Applicant details

Full name of individual responsible

Organisation/Business Name (if applicable) **ABN number**

Applicant mailing address and contact details

Number **Street**

Suburb **State/Territory** **Postcode**

Phone **Mobile** **Fax**

Email

Property address (if different from mailing address)

Number **Street**

Suburb **State/Territory** **Postcode**

Please nominate your preferred contact method phone mobile email
 fax mail

Part B - Movement details

Produce / Products
(potential carrier description)

Quantity **Proposed date of movement**

From (property address)

To (property address)

Justification/ Reason
(attach supporting documentation to application if required)

Part C - Declaration

I declare that a) I am over 18 years of age and b) all information provided is correct to the best of my knowledge, and I will abide by all terms and conditions as stipulated on the permit.

Name **Signature** **Date**

Please send completed applications to:
Pest and Disease Information Service (PaDIS)
Department of Primary Industries and Regional
Development
Locked Bag 4 Bentley Delivery Centre WA 6983
Email: padis@dpird.wa.gov.au

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. You can provide credit card details on the last page of this form.

Part D - Office use only

Reference number	<input type="text"/>
Invoice number	<input type="text"/>
Amount paid	<input type="text"/>
Date	<input type="text"/>
DPIRD officer	<input type="text"/>
Signature	<input type="text"/>

Status of the application

Approved Not Approved

Permit number

Reason



Department of
Primary Industries and
Regional Development

Payment by credit card or EFTPOS form

3 Baron-Hay Court, South Perth WA 6151, Australia
Telephone: +61 (0)8 9368 3333 Fax: +61(0)8 9368 2186
ABN: 18 951 343 745

Company details

Trading name

Invoice/s being paid or project code (full string)

Customer contact number

Receipt required Yes No By email By post

Email for receipt

Credit card details

Master Card Visa Card Debit Card Other:

Name on card

Card number

Expiry date / Amount paid

Customer details

Name

Postal address

Phone number

Comments

Payment taken by

Date

Signature

Note: Please see any relevant supporting documents attached.