



## Restricted Chemical Product (RCP) permit amendment

<b>Permit holder</b>	<b>Permit number</b>
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I wish to amend  Baiting periods  product details  Nominated retailer  Approved users or receivers

### Target species as per existing permit

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

### Change to Nominated S7 Retailer / Licensed Pest Management Technician to supply products (add attachment if required)

<b>Nominated S7 retailer/technician</b>	<b>License number</b>
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<b>S7 retailer address</b>	<b>Postcode</b>
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<b>Telephone</b>	<b>Fax</b>	<b>Email</b>
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### Permit holder's Declaration

I, \_\_\_\_\_ of \_\_\_\_\_

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

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.

Since the issue of the abovenoted permit, there have been no changes to the property that may influence its risk status.

#### 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.

**Signature**

**Date**

**Changes to Nominated persons** (add attachment if required)

Add or remove	Approved user	Nominated Receiver	Name and address	Telephone	Authorised person	Approved pastoralist	Licensed Pest Management Technician
	<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"/>	

**Changes to Baiting Program** (add attachment if required)

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 Liquid concentrate will only be issued to licensed pest management technicians and approved pastoralists	Bait area	Quantity	Supply interval every number of weeks

**Office use Only**

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