

# Application for registration to use premises for teaching or research involving animals

Animal Protection Act, section 41 (1) or 45

Complete this form to apply for a new registration or renew an existing registration to use premises for teaching or research involving animals. An application fee of \$100.00 (GST exempt) must be paid when the application is lodged. The application will be processed on receipt of the application fee. The fee is a processing fee only and is non-refundable should the application be unsuccessful.

PLEASE PRINT CLEARLY

I apply for (please tick appropriate box)

☐ New registration ☐ renewal of registration

## 1. Details applicant

Name of applicant:

Position/title:

Postal address of applicant:

Licence no (if renewal):

Date of issue:

Expiry date:

Name of teaching/  
research organisation,  
or individual to be  
Registered:

ABN:

Telephone:

Fax:

Email:

\* Applicant may be a body corporate, an individual or a partnership. Refer to section 31(2) of the Animal Welfare Act.

## 2. Details of Chief Investigator

Name of Chief Investigator:

Contacts:

Address:

Tel:

Fax:

Email:

Has the Chief Investigator read and fully understood their responsibilities contained within the latest approved Australian code of practice for the care and use of animals for scientific purposes?

☐ Yes ☐ No

**3. Address of premises\* where teaching/research to be conducted (include all premises).**

Location/street address  
(premises 1)

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Location/street address  
(premises 2)

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\* 'premises' may include land, water on land, permanent or temporary structure on land, vehicle or boat.

**4. Nature and purpose of teaching or research\* to be conducted at the premises:**

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\*'teaching or research' means teaching or research involving the use or breeding of animals.

'research' means an experiment, procedure, test or study in which an animal is used and includes subjecting an animal to surgical, medical, psychological, biological, chemical or physical treatment

**5. Has the applicant ever been found guilty of an offence or been issued with a notice/infringement or order under any Animal Welfare legislation either in Australia or overseas?**

☐ Yes ☐ No If 'Yes', please provide details:

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**6. Outline the experience and competency of the applicant in caring for and handling animals.**

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7. Describe the premises, equipment and other facilities to be used in connection with the breeding, care, use or handling of animals.

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8. Describe the arrangements that are in place for providing veterinary treatment to the animals to be kept, used or bred in or on the premises.

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9. (a) It is a condition of the Registration to establish and maintain an ethics committee. State the name of the established Animal Ethics Committee which will oversee the teaching or research to be conducted on the premises.

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**(b) Details of nominated AEC contact**

Name:

Title:

Contacts:

Address:

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|------|------|
|      |      |
|      |      |
| Tel: | Fax: |
|      |      |

10. Does the established Animal Ethics Committee comply with the *Australian Code of Practice for the care and use of animals for scientific purposes* as published by the National Health and Medical Research Council?

☐ Yes ☐ No If 'No', please provide details:

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**11. Please attach the most recent Animal Ethics Committee Audit report and any other information as requested, e.g. minutes of ethics committee meetings.**

(Complete only if application is for renewal of Registration)

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**12. The Registered Person will be required to submit an activity statement of animal use for every financial year. An electronic reporting form will be sent to the Registered Person holder annually. Please provide contact details of the person who will be responsible for reporting the data to the Animal Welfare Authority.**

Name:

Position:

Email:

Phone:

Mobile:

Other:

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**Signature applicant**

Date:

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Signature of applicant, or person authorised to sign on behalf of organisation.

Select a payment option for the application fee.

☐ **RTM direct**

Contact the Receiver for Territory Monies (RTM) by phoning (08) 8999 1628 and quote cost code 92HC1N01D / standard class 131111.

Instruct the RTM to send a copy of the scanned receipt through to: animalwelfare@nt.gov.au

☐ **Cheque**

Send a cheque (made out to the 'Receiver of Territory Monies') addressed to:

Receiver of Territory Monies C/-Animal Welfare Authority

Department of Industry, Tourism and Trade

GPO Box 3000, Darwin NT 0800

**Lodging the application**

Submit completed application to:

Animal Welfare Authority  
Department of Industry, Tourism and Trade

GPO Box 3000, Darwin NT 0800

Email: animalwelfare@nt.gov.au

Telephone: 1300 720 386

**OFFICE USE ONLY**

**OFFICE USE ONLY**

Application fee paid

Application

☐ Yes ☐ No Receipt no:

☐ APPROVED ☐ NOT APPROVED

Licence No:

Expiry Date:

Signed on behalf of  
Animal Welfare  
Authority:

Date granted:

Comments: