

# Application to Export Crocodile Products from the Northern Territory

**Complete form and Fax to: 08 8999 2146** – Contact Vicki Simlesa – Crocodile Officer on 08 8999 2036

## FROM / SENDER OF PRODUCTS

Applicants Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicants Permit No.: \_\_\_\_\_

## TO / RECEIVER OF PRODUCTS

Recipients Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Method \_\_\_\_\_ of \_\_\_\_\_ Shipment:

Date \_\_\_\_\_ of \_\_\_\_\_ Shipment:

Interstate Permit No.: \_\_\_\_\_

## DESCRIPTION OF CROCODILE PRODUCTS TO BE CONSIGNED

Note: Tag Numbers must be supplied with Whole, Belly and Hornback Skins.

| Common Name | Quantity | Description |
|-------------|----------|-------------|
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**Please note:** Permission is only for products described above and for one (1) consignment only. Other documents / permits may be required under other legislation. It is the applicant's responsibility to ensure that they obtain all required authorities/permission.

I acknowledge that it is my responsibility to ensure that I comply with relevant State and Commonwealth legislation and certify that the information supplied in this application is true and accurate to the best of my knowledge.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use only

Valid Dates: \_\_\_\_\_ to: \_\_\_\_\_

Permit Number: \_\_\_\_\_