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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start form | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to the current Directions for use of 1080 for wild dog control, which can be downloaded from the Northern Territory Government website.[[1]](#footnote-1)  Enquiries Tel: 08 8999 2344 Email: [chemicals@nt.gov.au](file:///C:\Users\vanem\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\ML21201P\chemicals@nt.gov.au) | | | | | | | | | | | | | | | | | | | | | | |
| **Name of current permit holder:** | | | | | |  | | | | | | | | | | | | | | | | |
| I wish to amend the current PAMA and Permit: | | | | | | | | | | 1080PC/ | | | | | | | | | | | | |
| Reason for amendment *(please tick the box to indicate change requested and complete the relevant section)* | | | | | | | | | | | | | | | | | | | | | | |
| 1. Change the authorised *PAMA and Permit* holder | | | | | | | | | | | | | | | | | | | **Yes / No** | | |
| 1. Change the number or type of baits | | | | | | | | | | | | | | | | | | | **Yes / No** | | |
| Other – give details: | | | | |  | | | | | | | | | | | | | | | | | |
| **Section A: Change of PAMA and permit holder – new holder details** | | | | | | | | | | | | | | | | | | | | | | |
| **Position:** | | | | Landowner | | | | | | | |  | | | Occupier | | | | | |  | |
| Property manager | | | | | | | |  | | | Pest Management Technician | | | | | |  | |
| **Title:** | | | | Mr / Mrs / Ms / Other | | | | | | | | | | | | | | | | | | |
| **Given name(s):** | | | |  | | | | | | | **Family name:** | | | | | |  | | | | | |
| **Date of birth:** *(Attach copy of drivers licence or other official photographic ID)* | | | | | | | | | | | | | | | | |  | | | | | |
| **Property /Company name:** | | | |  | | | | | | | | | | | | | | | | | | |
| **Business phone no.:** | | | |  | | | | | | | **ABN or ACN:** | | | | | |  | | | | | |
| **Mobile no.:** | | | |  | | | | | | | **Work phone no.:** | | | | | |  | | | | | |
| **Email address:** | | | |  | | | | | | | | | | | | | | | | | | |
| **Property address:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Property postal address (this is the address to which your certificate will be sent):** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Within the last five years have you been found guilty of any wildlife offence, or any offence relating to wildlife under legislation of any state or territory of Australia, or elsewhere, or had a permit cancelled under the *Territory Parks and Wildlife Conservation Act* *2006*? | | | | | | | | | | | | | | | | | | | | No / Yes | | |
| Have you completed the following units: Prepare and Apply Chemicals to Control Pests, Weeds and Diseases (AHCCHM307) and Transport and Store Chemicals (AHCCHM304) or equivalent qualification? | | | | | | | | | | | | | | | | | | | | No / Yes | | |
| **OR** Do you have a current AusChem, ChemCert or SMARTtrain level 3 accreditation (certificate or card) or equivalent qualification? | | | | | | | | | | | | | | | | | | | | No / Yes | | |
| Do you have a Statement of Attainment or a Memorandum of Grades for the 1080 training unit AHCPMG312 – Apply poison baits for vertebrate pest control in rural and environmental landscapes? (equivalent courses may be accepted). | | | | | | | | | | | | | | | | | | | | No / Yes | | |
| **Section B: Change to the number or type of baits listed in original permit** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Property 1** | | | | | **Property 2** | | | | | **Property 3** | | | | | **Property 4** | | | | |
| **Property name** | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **NT portion number(s)** | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **Address of the property** | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **Area of property  (ha or km2)** | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **No. of registered water points** | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **No. of baits requested per annum** | | | **Wet** | | | |  | **Wet** |  | | | | **Wet** | | |  | | **Wet** | |  | | |
| **Dry** | | | |  | **Dry** |  | | | | **Dry** | | |  | | **Dry** | |  | | |
| **Capsule** | | | |  | **Capsule** |  | | | | **Capsule** | | |  | | **Capsule** | |  | | |
| **Time frame for allocation change (‘Year from’ to ‘year end’ of current permit)** | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **Section C: Evidence to support a request for an increase in bait allocation** | | | | | | | | | | | | | | | | | | | | | | |
| Please provide items such as the following to support the request (note – not all items are required, with property managers to include as much information as possible to justify their request):   * Full record book for bait management under the current permit * Description of outcomes under previous baiting strategy and applying previous bait allocation – including any impacts on livestock that are representing unreasonable outcome for property management * Stock damage or dog sighting records or logs * Baiting map and full baiting and wild dog management strategy, including risk assessment, to be implemented with the new approved bait allocation and the time frame after which outcomes are to be reviewed * Management approach to documenting evidence of wild dog impact and assessing outcomes of strategies | | | | | | | | | | | | | | | | | | | | | | |
| Please attach extra pages or separate documents for images, data or similar information as required. | | | | | | | | | | | | | | | | | | | | | | |
| S**ection D: Declaration** | | | | | | | | | | | | | | | | | | | | | | |
| I |  | | | | | | *(print full name)* being the landowner, occupier, property manager of the property/ies or pest management technician specified in this application do solemnly and sincerely declare that: | | | | | | | | | | | | | | | |
| I have completed all questions in this application. | | | | | | | | | | | | | | | | | | | | |  | |
| I have attached copies of all documents related to Section A. | | | | | | | | | | | | | | | | | | | | |  | |
| Baiting maps for all properties are attached or supplied to DITT within the last two years. | | | | | | | | | | | | | | | | | | | | |  | |
| I have read and understood the NT Directions for Use of 1080 for wild dog control and undertake to comply fully with instructions. | | | | | | | | | | | | | | | | | | | | |  | |
| I agree to pay the application fee of $100. | | | | | | | | | | | | | | | | | | | | |  | |
| The information contained in this application including any supporting documentation provided at submission is true and correct.  I understand it is an offence to make a declaration that is false in any detail or material particular and I make this declaration under the NT *Oaths, Affidavits and Declarations Act 2010*. | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | | | | | | | | | | | | | | | |
| **Print Name:** | |  | | | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | | | | | **Place:** | | | |  | | | | | | | | |
| All information is managed in accordance with the NT *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | |

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| **Section E: Payment and Submission of application** | | |
| Fee for the amendment of a 1080 PAMA and Permit is $100. | | |
| **Cheques**  Must be made out to RTM (Receiver of Territory Monies) and can be posted to:  Chemical Services, DITT,  GPO Box 3000,  Darwin NT 0801 | **Cash/Debit Card**  Payments may only be made in person at the RTM locations below.  Please present this form. | **Credit Card** payments may be made during business hours (8:30am – 4:00pm, Mon-Fri)  **In person** – Present this form at one of the RTM locations listed below.  **By Phone** –  1. Complete Section E of the application form;  2. Email section E of the form to one of the RTMs listed below;  3. Phone that RTM to quote Credit Card details for payment. |
| **RTM Darwin** | **RTM Katherine** | **RTM Alice Springs** |
| Ground floor,  Manunda Place  38 Cavenagh Street  Darwin NT 0830  RTM  GPO Box 199  Darwin NT 0801  RTMDarwin@nt.gov.au  08 8999 1628 | 08 8999 1606 | Counter 8, Ground Floor,  Big River Government Centre  5 First Street,  Katherine NT 0850  RTM  PO Box 4037  Alice Springs NT 0871  RTMKatherine@nt.gov.au  08 8951 6481 | 1st Floor,  Alice Springs Plaza  Todd Street Mall  Alice Springs NT 0870  RTM  PO Box 4037  Alice Springs NT 0871  RTMAlice@nt.gov.au  08 8951 6491 |

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| --- | --- | --- | --- | --- | --- |
| **Payment slip** | | | | | |
| **Name in full:** |  | | **OFFICE USE ONLY**  ABN: 84 085 734 992  92HD1N01D 134537 | | |
| **Property name:** |  | |
| **Postal address:** |  | |
|  | | | | | |
| Payment details | |  | | **AMOUNT** | |
| 1080 permit amendment fee | | **$100.00** | | (N00) |  |
|  | | **Total Amount:** | | $ | |
| **RTM – Please send original receipt to customer and email a copy of this section E of the application for wild dog PAMA and Permit form and Receipt to:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au) | | | | | |

1. <https://nt.gov.au/industry/agriculture/farm-management/controlling-pest-animals-wild-dogs-with-1080-poison> [↑](#footnote-ref-1)