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| Start of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to the current directions for use of 1080 which can be downloaded from the [Northern Territory Government website](https://nt.gov.au/industry/agriculture/farm-management).  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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A: Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status:** | | | | | **Landowner** | | | | | | | | | Yes | | | No | | **Occupier** | | | | | | | | | | | | Yes | | No |
| **Property manager** | | | | | | | | | Yes | | | No | | **Pest management technician** | | | | | | | | | | | | Yes | | No |
| **Title:** | | | | | Mr / Mrs / Ms / Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Given name(s):** | | | | |  | | | | | | | | | | | **Family name:** | | | | | | | |  | | | | | | | | | |
| **Date of birth:** | | | | | */ /*  (Attach copy of drivers licence or other official photographic ID) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business phone no.:** | | | | |  | | | | | | | | | | | **ABN or ACN:** | | | | | | | | | |  | | | | | | | |
| **Mobile no.:** | | | | |  | | | | | | | | | | | **Home phone no.:** | | | | | | | | | |  | | | | | | | |
| **Email address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal address (this is the address to which your certificate will be sent):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residential address (if different to property address):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this a renewal?** | | | | | Yes | | | No | | | | **If yes, previous PAMA and permit number:** | | | | | | | | | | | | | | | 1080PC/ | | | | | | |
| **Do you have:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Prepare and Apply Chemicals to Control Pests, Weeds and Diseases (AHCCHM307) and Transport and Store Chemicals (AHCCHM304) or equivalent qualification? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| **OR** AusChem, ChemCert or SMARTtrain level 3 accreditation (certificate or card) or equivalent qualification? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| 2. Do you or the person conducting your baiting program have a Bait Injectors Authorisation or have they applied for one? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| **If yes, what is their name?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **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* 1976?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| **Section B: Property details (list number of baits to be laid on each property)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Property 1** | | | | | | | | | **Property 2** | | | | | | | **Property 3** | | | | | | | **Property 4** | | | | | | |
| **Property name** | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **NT portion number(s)** | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Address of the property** | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Area of property[[1]](#footnote-1)  (ha or km2)** | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **No. of registered water points[[2]](#footnote-2)** | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **No. of baits requested for baiting per annum** | | | | **Wet** | | | | |  | | | | **Wet** | |  | | | | | **Wet** | | | | |  | | **Wet** | | |  | | | |
| **Dry** | | | | |  | | | | **Dry** | |  | | | | | **Dry** | | | | |  | | **Dry** | | |  | | | |
| **Capsule** | | | | |  | | | | **Capsule** | |  | | | | | **Capsule** | | | | |  | | **Capsule** | | |  | | | |
| **Section C: Baiting plans** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Is this the first time that you have submitted an application for a PAMA and permit?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | |
| 1. **Do you have a map of the intended baiting areas for each property to which the PAMA and permit is to be issued?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | |
| (If yes, attach a copy of each baiting map to this application and go to section D) | | | | | | | | | | | | | | | | | | (If no, draw one baiting map per property and attach to this application. See guidelines on how to produce a baiting map.) | | | | | | | | | | | | | | | |
| 1. **Have you held a PAMA and Permit for the properties listed in this application within the last two years?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | Some | | | | | | | | | | | No | | | | | | | | | | | |
| (If yes, go to 4) | | | | | | | | | | | (If some, draw one baiting map for each property for which a baiting map has not been provided and attach to this application. See guidelines on how to produce a baiting map). | | | | | | | | | | | (If some, draw one baiting map for each property for which a baiting map has not been provided and attach to this application. See guidelines on how to produce a baiting map). | | | | | | | | | | | |
| 1. **Is your baiting intended to be the same as that application?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | |
| (If yes, go to Section D) | | | | | | | | | | | | | | | | | | (If no, draw one baiting map per property and attach to this application. See guidelines on how to produce a baiting map) | | | | | | | | | | | | | | | |
| **Section D: Baiting information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Name of who will be coordinating your baiting program:­** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Clearly outline your intended baiting activities including dates baiting will occur, what actions you have/will undertake/n to coordinate baiting activities with your neighbours, notification details and other wild management approaches. Refer to the** [**CISS-Field Guide to Poison Baiting**](https://www.feralscan.org.au/docs/CISS-Glovebox-Guide-Wilddog-baiting-web.pdf) **[[3]](#footnote-3) for information on how to develop a baiting plan for effective wild dog control.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What volume bottle of 1080 concentrate do you prefer?**   1. **If you intend manufacturing wet meat baits, when injecting do you use 1080 concentrate in containers of:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **120 mL** | | | Yes | | | | | | | | No | | | | | | | **200 mL** | | | | | Yes | | | | | No | | | | | |
| **Any volume** | | | Yes | | | | | | | | No | | | | | | | **Other** | | | | | Yes | | | | | No | | | | | |
| **If other** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Distribution of baits:**   1. **How will baits be distributed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ground distribution or canid pest ejector** | | | | | | | Yes (go to section E) | | | | | | No | | | | | **Aerial distribution** | | | | | Yes (go to 9) | | | | | No | | | | | |
| 1. **Provide details of intended aerial baiting activities including service provider below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S**ection E: Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I** |  | | | | | ***(print full name)* being the landowner, occupier, or the property manager of the property/ies 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I undertake to comply fully with the NT Directions for Use of 1080. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I agree to pay the application fee of $400. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Full Name:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | | | | | | | | | | | | | **Place**: | | |  | | | | | | | | | | | | |
| All information is managed in accordance with the NT *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Section F: Payment and Submission of application** | | |
| Fee for the issue of a 1080 PAMA and Permit for 5 years is $400. 1080 warning signs are A3 size corflute and meet the minimum signage requirements as specified in the current Directions for Use of 1080 for Wild Dog Control. Choose your payment option. Complete the payment details below and follow the payment instructions. Email the completed application form to [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au) | | |
| **Cheques**  Must be made out to RTM (Receiver of Territory Monies) and can be posted to:  Plant Biosecurity, 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 F of the application form;  2. Email section F 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 for: *(circle yes no, amount of signs required and enter the amount)* | | | | | | | | | |
|  | | | | | |  | | **AMOUNT** | |
| Yes | No | 1080 permit fee | | | | **$400.00 for five years** | | (N00) |  |
| Yes | No | 1080 warning signs (pack of five) | | | | **$40** | | (S10) |  |
| Yes | No | extra 1080 warning signs | | qty: |  | **$8 each** | | (S10) |  |
|  | | | | | | **Total Amount:** | | $ | |
| **RTM – Please send original receipt to customer and email a copy of this section F of the application for wild dog PAMA and Permit form and Receipt to:** [chemicals@nt.gov.au](mailto:chemicals@nt.gov.au) | | | | | | | | | |

1. Calculation for numbers based on property size (km2) divided by three, then times two for full annual allocation [↑](#footnote-ref-1)
2. Alternative calculation basis – watering points times 25 then times two for full annual allocation [↑](#footnote-ref-2)
3. [Centre for Invasive Species Solutions Field Guide and Resources](https://www.feralscan.org.au/wilddogscan/pagecontent.aspx?page=wilddog_fieldguidetopoisonbaiting) [↑](#footnote-ref-3)