



## Application for an Apiary Authority (Permit or Licence)

This application is required for persons who wish to obtain an apiary authority granted by the Department of Biodiversity, Conservation and Attractions (DBCA).

Please speak with the relevant DBCA district regarding each site prior to submitting this application.

Please send this form to the DBCA Apiary Coordinator at [apiary@dbca.wa.gov.au](mailto:apiary@dbca.wa.gov.au) or post to:  
Department of Biodiversity, Conservation and Attractions  
Division of Parks and Visitor Services  
Locked Bag 104, BENTLEY DELIVERY CENTRE, WA 6983

<b>Name of Applicant:</b>	
<b>Company Name:</b>	
<b>Trading Name:</b>	
<b>ABN:</b>	
<b>Address (business or residential):</b>	
<b>Address (postal):</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Additional Information (e.g. is clearing required and estimated area.)</b>	

**Please submit the following documents with this application:**

- Complete and sign the attached Deed Poll.
- A copy of your Public Liability Insurance Certificate.
- Site photos.
- Information regarding proposed clearing for each site.



### Site Information

Permit/Licence No. (If this is a new site leave blank)	Latitude	Longitude	Clearing Required?	Southwest or Remote zone?
<b>Application fee</b>	\$155 for southwest zone \$75 for remote zone			
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### Credit Card Payment Details

Credit Card Number:	
Expiry Date:	
Name on Card:	
Amount:	
Signature:	
Date:	



# DEED POLL

I/We: \_\_\_\_\_

hereby apply for an apiary authority/authorities to enter upon and use the land within the sites specified in this application and understand and agree that the authority/authorities, if granted, will be subject to the provisions of the *Conservation and Land Management Act 1984* (CALM Act) and all regulations and subsidiary legislation made under it.

I certify to the best of my knowledge that the information provided within this application is true and correct in every detail.

I understand that the permit/licence if granted may not be automatically renewed.

I have read, understood and agree to abide by the general conditions contained within the DBCA General Conditions for using Apiary Authorities on Crown land in Western Australia. I understand that further conditions relevant to the sites proposed in this application may apply.

I hereby agree to release and indemnify, and keep indemnified, the State of Western Australia (**State**), the Chief Executive Officer of the Department of Biodiversity, Conservation and Attractions (DBCA), and each of the employees, contractors and agents of the State or DBCA (**Indemnified Parties**) from and against all Claims and Costs which may be made or brought against, suffered or incurred by any of the Indemnified Parties arising in any way from, or in connection with the conduct of the applicant or any of its employees, agents, contractors, of the operation the subject of this application:

- on any lands to which the *CALM Act 1984* applies; or

I certify that the applicant's public liability insurer is aware of the conditions that would apply to this permit/licence and the indemnity granted above. I confirm that the applicant's public liability policy also covers the operation and activities that are specified in this application form.

I declare that I am not currently bankrupt, or have executed an arrangement under Part X of the *Bankruptcy Act 1966* or, if a company is involved with any part of the submission, the company is not in receivership or some other formal arrangement with creditors.

Executed as a deed on: \_\_\_\_\_

Date

<p><b>Natural person</b></p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>Signature: _____ Name: _____</p> <p>Witness: _____ Name: _____</p>
<p><b>Company Pty Ltd</b> (executed in accordance with section 127(1) of the <i>Corporations Act 2001</i> (Cth))</p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>_____ Signature of director or secretary Name: _____</p> <p>_____ Signature of director Name: _____</p> <p>_____ Witness Name: _____</p>
<p><b>Incorporated Association</b> (executed in accordance with section 14(1)(b) of the <i>Associations Incorporation Act 1987</i> (WA))</p> <p><input type="checkbox"/></p> <p>(Check box)</p>	<p>_____ Signature of person with authority to bind the Incorporated Association Name: _____</p> <p>_____ Witness Name: _____</p>