



APPLICATION FOR PRIVATE LAND SUPPLIER'S LICENCE
(Pursuant to Regulation 63 of the Biodiversity Conservation Regulations 2018)

NOTE TO ALL APPLICANTS:

- Please complete ALL sections. Further information may be obtained from the Wildlife Licensing Section, 9219 9836 or wildlifelicensing@dbca.wa.gov.au.

Application should be mailed to:

Wildlife Licensing Section
Department of Biodiversity, Conservation and Attractions (DBCA)
Locked Bag 30, Bentley Delivery Centre, WA 6983.

Email to wildlifelicensing@dbca.wa.gov.au, faxed to (08) 9219 8242

Complete 1A OR 1B

1A. Applicant details - INDIVIDUAL

Form for individual applicant details including fields for name, address, contact info, and proof of identification.

1B. Applicant details - COMPANY / BODY CORPORATE

Form for company applicant details including fields for company name, business address, contact info, and proof of identification.

Refer 'Responsibility of certain persons,' Biodiversity Conservation Act 2016 Part 13 Div 2 for liability information

2. Prior Convictions

Have you been convicted of any wildlife or plant related offence in the past 5 years? Yes No

If Yes, please provide details (offence, date)

### 3. Proposed activities

<input type="checkbox"/>	Storage of flora for supply purposes	<input type="checkbox"/>	Flora taken under previous DBCA licence	Licence No./s
		<input type="checkbox"/>	Flora taken lawfully from private property for supply	If whole plants, timber or firewood, attach evidence of lawful take (clearing permit or exemption) to this application (eg. approved building envelope if exemption Reg 5, Item 1, etc)

*If only storing flora, and not taking any further flora for supply, please go to Section 6.*

#### AND / OR

<input type="checkbox"/>	Take flora from private property for the purpose of supply	Please provide details in Section 4
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### 4. Locations to which *take for supply* application applies

*Written approval from the land owner or occupier to take specified flora must accompany this application in order for the licence to be processed.*

Local Government authority ie. Shire or City	Street Address (eg. Avon Location 123, Flora Road, Floraville)	Owner/Occupier Name

### 5. Flora to be taken

<input type="checkbox"/>	Whole plants/timber/firewood
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Scientific name	Common name	Parts to be taken (e.g. Whole plant, timber, firewood)	Quantity (No. for whole plants, tonnage for timber/firewood)

Attach evidence of lawful take (clearing permit or exemption) to this application (eg. approved building envelope if exemption Reg 5, Item 1, etc)

<input type="checkbox"/>	Targeted species (attach list if more space required)
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Scientific name	Common name	Parts to be taken (e.g. Flowering Stems, Fruits/Nuts, Seeds, Leaves, Cuttings)

<input type="checkbox"/>	Seed/stems of all flora, other than threatened or priority species
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**6. Duration of licence and fees (tick one)***Payment details on last page*

<b>Renewal</b> application fee	<input type="checkbox"/>	1 year	\$30
	<input type="checkbox"/>	3 years	\$60
<b>New</b> application fee	<input type="checkbox"/>	1 year	\$45
	<input type="checkbox"/>	3 years	\$75

**10. Use and disclosure of information**

Information that you provide will be used and disclosed in accordance with sections 274 and 275 of the *Biodiversity Conservation Act 2016 (WA)*. This may include use for licence monitoring and compliance, to inform you of any licence or legislative requirements or changes, to seek your feedback on wildlife related licensing and legislation, and disclosure to other State and Commonwealth agencies for administration or enforcement purposes. You also consent to the release of information concerning the grant of the licence, and of any conditions of the licence, in response to inquiries made to the Department.

**11. Declaration by applicant**

<input type="checkbox"/>	Yes	I understand that there are penalties for making false or misleading statements in or in connection with a licence application and that making false or misleading statements may lead to the cancellation of my licence and may affect my ability to hold licences in the future. All details provided by me to DBCA in relation to this application are true and correct, and I consent to the use and disclosure of information for the purposes described in the 'Use and disclosure of information' section above.
<b>Signed:</b>		<b>Date:</b> ____/____/____

**PAYMENT METHODS**

<input type="checkbox"/>	CASH (enclosed)	
<input type="checkbox"/>	CHEQUE / MONEY ORDER (enclosed, or posted by mail)	Payable to Department of Biodiversity, Conservation and Attractions ("DBCA") to be attached to completed application form.
<input type="checkbox"/>	EFT TRANSFER	Acct Name: DBCA BSB: 066-040 Acct No.: 11300006 Ref: "63 Surname, Initial" (max 18 characters)
<input type="checkbox"/>	CREDIT CARD (details below)	

**\*Any details below will be detached and destroyed once payment is processed. Please print clearly**

**VISA / MASTERCARD (Please circle)**

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_