



Application for a **PERMIT TO COLLECT NATIVE PLANT MATERIAL**  
**For an Individual / Community Group / Botanic Garden**  
Issued pursuant to [Section 49, National Parks and Wildlife Act, 1972](#)

**COMPLETING ALL DETAILS IS A LEGAL REQUIREMENT AND A PREREQUISITE TO OBTAIN A PERMIT.**

Title: Mr / Mrs / Ms / Dr (please circle)

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_ (Business Phone): \_\_\_\_\_ (Mobile): \_\_\_\_\_

E-mail: \_\_\_\_\_ (Home Fax): \_\_\_\_\_ (Business Fax): \_\_\_\_\_

- 1<sup>st</sup> time applicant  Previously held permit (permit number) \_\_\_\_\_  
 Annual return summary for previous permit attached

1. Who will be collecting the native plant material? (If not the applicant please provide full name, residential address and date of birth for each collector)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please nominate the herbarium region(s) you wish to collect from:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Northern Lofty  | <input type="checkbox"/> Yorke Peninsula | <input type="checkbox"/> Gairdner-Torrens |
| <input type="checkbox"/> Southern Lofty  | <input type="checkbox"/> Flinders Ranges | <input type="checkbox"/> Nullabor         |
| <input type="checkbox"/> Murray          | <input type="checkbox"/> Eastern         | <input type="checkbox"/> North Western    |
| <input type="checkbox"/> South Eastern   | <input type="checkbox"/> Eyre Peninsula  | <input type="checkbox"/> Lake Eyre        |
| <input type="checkbox"/> Kangaroo Island |  |   |

3. Please provide details of any additional species you wish to collect on the form provided (i.e. species not listed on the standard Herbarium region list)

4. What is the primary purpose(s) for collecting native plant material?

- Individual revegetation project  
 Community based revegetation project (including schools, TAFE, Universities)  
 Establishing seed orchard  
 Commercial  
 Botanic Garden  
 Other \_\_\_\_\_

5. What training and experience have you had in the collection of native plant materials?  
Please provide information on any training and workshops attended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Please supply name, address and telephone number of a person who would act as a referee to your application.

**Referee**

Full name: \_\_\_\_\_

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

Telephone no.: \_\_\_\_\_

7. Please list any membership affiliations you may have with any relevant organisations or groups.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please provide full name, residential address and date of birth for each collector who may assist you in the collection of native plant materials.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Additional comments in support of your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the information supplied in this application to be correct.

I further agree to comply with any terms or conditions attached to the permit and that a breach of any condition may be prosecuted and/or may terminate this permit.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

