



Application for a **PERMIT TO COLLECT NATIVE PLANT MATERIAL**  
**For Bush Food Collection**

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 / (please circle) Other (please specify) \_\_\_\_\_

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

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

Company Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

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)

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2. Please provide details of the species you wish to collect on the form provided.  
**(Please note: Collection is not permitted within any National Parks and Wildlife Conservation Park or Reserve).**

3. 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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4. Please attach references in writing from 2 people who can attest to your suitability with regards to this application. Referees should have demonstrable and extensive botanical knowledge.

Note: there should not be a conflict of interest between the referees and this application

5. Please provide a detailed explanation of your purpose for collection (what is the intended use of the species once collected)?

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

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7. Additional comments in support of your application.

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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: \_\_\_\_\_

APPLICANTS SHOULD ALLOW **10 WORKING DAYS** FOR THE PROCESSING OF THIS PERMIT

**For Office Use only**

Permit No ..... Date Issued.....

Approved / Inspected by ..... Signature ..... Date .....

Comments: .....

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PLEASE COMPLETE AND FORWARD WITH YOUR APPLICATION TO THE  
FAUNA PERMIT UNIT



**Government of South Australia**  
Department of Environment,  
Water and Natural Resources

**DETAILS OF PROPOSED COLLECTION ACTIVITIES**

Name of applicant: \_\_\_\_\_

SPECIES OF PLANT <i>(Botanical Name)</i>	COUNCIL	LOCATION <i>(applicants must provide a <u>map or GPS coordinates</u> clearly identifying the potential location(s) and population(s) that will be harvested)</i>	PARTS TO BE TAKEN <i>(leaves, flowers, fruits, seeds, rhizomes, tubers, bulbs)</i>	QUANTITY <i>(Number, grams or kilograms)</i>

(Please note: Collection is not permitted within any National Parks and Wildlife Conservation Park or Reserve. If for any reason you wish to collect off Park, written permission from the District Ranger responsible for the Park or Reserve in question will need to accompany this application form).