

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

Titl	e: Mr/Mi	rs / Ms (please circle)	Other (please sp	ecify)			
Surname:			Given Name(s):		Date	Date of Birth:	
Сс	ompany N	ame:			ABN:		
Postal Address:				Suburb:		Post Code:	
Residential Address:				Suburb:		Post Code:	
Phone No. (Home):			(Business	(Business Phone):		(Mobile):	
E-mail:			(Home Fax):		(Busines:	(Business Fax):	
□ 1st time applicant □ Previously held permit (permit number) □ Annual return summary for previous perm							
1.		oe collecting the nativ	ant please provide full	name, residential address an			
2.	Please no	ominate the herbariun Northern Lofty Southern Lofty Murray South Eastern Kangaroo Island	n region(s) you wis	sh to collect from: Yorke Peninsula Flinders Ranges Eastern Eyre Peninsula		Gairdner-Torrens Nullabor North Western Lake Eyre	
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) Please note: Collection is not permitted within any National Parks and Wildlife Conservation Parks or Reserves. Collections within National Parks and wildlife Conservation Parks and Reserves may be considered if the applicant can provide evidence to support that no other source of plant material is available. Written permission from the District Ranger responsible for the Park or Reserve in question will also need to accompany this application.						
4.	What is the primary purpose(s) for collecting native plant material? Individual revegetation project Community based revegetation project (including schools, TAFE, Universities) It is the primary purpose(s) for collecting native plant material? Community based revegetation project (including schools, TAFE, Universities) It is the primary purpose(s) for collecting native plant material? Community based revegetation project (including schools, TAFE, Universities) Individual revegetation project Community based revegetation project (including schools, TAFE, Universities) Individual revegetation project Community based orchard Individual revegetation project (including schools, TAFE, Universities) Individual revegetation project Community based orchard Individual revegetation project (including schools, TAFE, Universities) Individual revegetation project (including schools, TAFE, Un						

Application for a **PERMIT TO COLLECT NATIVE PLANT MATERIAL (cont.)**

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	Please provide a detailed explanation of your purpose for collection (what is the intended use of the species once collected)? Please include information on where and how the seed/fruit is to be stored and where the								
	revegetation activity is to take place (Note revegetation of threatened species will not be approved for activities that involve direct seeding. Revegetation of threatened species must be through tube stock where possible).								
5.	What training and experience have you had in the collection of native plant materials? Please provide information on any training and workshops attended.								
6.	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								
7.	Please list any membership affiliations you may have with any relevant organisations or groups.								
۱h	ereby declare that the information supplied in this application to be correct.								
	urther agree to comply with any terms or conditions attached to the permit and that a breach of any condition may e prosecuted and/or may terminate this permit.								
Da	ate: Signature:								
	APPLICANTS SHOULD ALLOW 10 WORKING DAYS FOR THE PROCESSING OF THIS PERMIT								
For	Office Use only								
Per	mit No								
Ар	proved / Inspected by								
Co	mments:								



Telephone: (08) 8124 4972

Fax:

(08) 8115 5594

Email:dewfaunapermitsunit@sa.gov.a



OFFICE HOURS FOR PERMITS

Monday to Friday 9:00 am to 5:00 pm

Telephone (08) 8124 4972 Facsimile (08) 8115 5594

Email: dewfaunapermitsunit@sa.gov.au

www.wildlifepermit.sa.gov.au

DETAILS OF PROPOSED COLLECTION ACTIVITIES

NB. This only needs to be completed if you are requesting additional species to those listed on the standard Herbarium region lists.

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

(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).