

# KEEP EGGS OF PROTECTED ANIMAL PERMIT APPLICATION (Class 10) SOUTH AUSTRALIA 2018-19



A Keep Eggs Permit is a free permit issuant pursuant to section 58 of the National Parks and Wildlife Act 1972 that entitles the holder to:

- Have possession or control of more than five eggs that are the eggs of a protected animal of a prescribed specie
- Have possession or control of the eggs of a protected animal of any other species.

This permits does not entitle the holder to sell or give away any quantity of eggs of protected animals.

Information supplied on this form will enable your application to be processed as prescribed by the *National Parks and Wildlife Act 1972*. Your application must be assessed and a permit granted before you can proceed with the proposed activity. Your application may take up to ten (10) business days to process.

When accepted by the Department for Environment and Water, the statements made in this application will constitute your official record of stock as at the date of application.

## 1- Applicant details

Title	Family Name	Given Names	
Full residential Address (not a post office box)			Post Code
Full postal Address (Write as above if same as residential address)			Post Code
Phone (Home)	Phone (Mobile)	Phone (Business)	
Email			Date of Birth

Have you ever held a permit to keep and sell protected animals in South Australia? YES  NO   
 If yes, please write permit number: ..... and expiry date: .....  
 If you still have your Record Book please provide Record Book Number ..... And Date issued.....

## 2- Eligibility

Have you ever been convicted of an offence against the *National Parks and Wildlife Act, 1972*, the *Animal Welfare Act 1985* or any similar interstate or overseas legislation? If yes, supply details YES  NO

.....  
 .....

## 3- Protected animals details

Location where protected animals will be held (please give directions if no Street name/number is available):
---

Provide details of eggs of protected species in your possession.  
 If you do not have any eggs of protected animals in your possession write ZERO STOCK on lines below.

SPECIES	Number of eggs	Where obtained	Date obtained

## 4- Supporting documents

1. Please provide a copy of photographic identification that clearly states your full name, address and date of birth.

## 5- Contact Details

Office Address	Opening Hours	Phone and email
Customer Service Centre: Ground Floor, 81-95 Waymouth Street ADELAIDE SA 5000	Monday to Friday, 9:00am to 5:00pm	Telephone (08) 8124 4972 Facsimile (08) 8115 5594 Email: <a href="mailto:dewfaunapermitsunit@sa.gov.au">dewfaunapermitsunit@sa.gov.au</a>

## 6- Applicant Declaration

- o I declare that the information enclosed within this application is true and accurate and that the statement of protected animals provided is complete and accurate.
- o I have read and agree to abide by all of the restrictions and conditions of this permit and relevant legislation

**Signature of Applicant:** ..... **Dated:** .....

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

<b>For Office Use only</b> Permit No ..... Class..... Date Issued .....
Approved / Inspected by ..... Signature ..... Date .....
Comments: .....