PLEASE COMPLETE AND FORWARD TO THE FAUNA PERMITS UNIT WITHIN 14 DAYS OF THE EXPIRATION OF YOUR PERMIT

Customer Service Centre:
Ground Floor, 81-95 Waymouth Street, Adelaide 5000
GPO Box 1782, Adelaide, 5001

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

OFFICE HOURS FOR PERMITS
Monday to Friday
9:00 am to 5:00 pm

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

Email: dewnrfaunapermitsunit@sa.gov.au
www.wildlifepermit.sa.gov.au

NATIVE SEED COLLECTION ANNUAL RETURN

Name of applicant:

Annual Return Period:

SPECIES HARVESTED *(Botanical Name)*	LOCATION OF EACH HARVEST *(Map or GPS coordinates must be supplied)*	DATE OF EACH HARVEST PERIOD	NAME OF COLLECTOR(S)	TYPE OF MATERIAL HARVESTED *(leaves, flowers, fruits, seeds, rhizomes, tubers, bulbs)*	QUANTITY *(grams or kilograms)*	NUMBER OF PLANTS HARVESTED

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Please Note: If collection was for **revegetation purposes** please also supply the following information:

- Where and how the seed is being stored and the quantity (if it is being stored).
- Where the collected seed and fruit was planted (map or GPS coordinates).

SPECIES HARVESTED ***(Botanical Name)***	**LOCATION OF EACH HARVEST** *(Map or GPS coordinates must be supplied)*	**DATE OF EACH HARVEST PERIOD**	**NAME OF COLLECTOR(S)**	**TYPE OF MATERIAL HARVESTED** ***(leaves, flowers, fruits, seeds, rhizomes, tubers, bulbs)***	**QUANTITY** ***(grams or kilograms)***	**NUMBER OF PLANTS HARVESTED**