



Application for a Scientific or Other Prescribed Purposes Licence

To take protected (native) flora taken from Crown land for non-commercial purposes

<p>Completed forms should be returned to: Department of Parks and Wildlife Locked Bag 30 Bentley Delivery Centre WA 6983 Or faxed to (08) 9334 0242 or emailed.</p>	<p>Further information on the licensing requirements is available from DPaW Wildlife Licensing Section Phone: (08) 9219 9836 Email: wildlifelicensing@dpaw.wa.gov.au</p>
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SCIENTIFIC OR OTHER PRESCRIBED PURPOSES LICENCES ARE ISSUED FOR A MAXIMUM **1-YEAR PERIOD**, WITH A **\$10 FEE**, HOWEVER IN SOME CASES THIS FEE IS WAIVED (REFER TO 'PAYMENT' SECTION FOR DETAILS)

PLEASE ALLOW **TEN (10) WORKING DAYS** TO PROCESS COMPLETE AND CORRECT APPLICATIONS.

PLEASE NOTE THAT RENEWAL OF A LICENCE IS DEPENDENT ON SATISFACTORY SUBMISSION OF **REPORT DETAILING COLLECTION ACTIVITIES** (IF IT WAS A CONDITION OF YOUR PREVIOUS LICENCE)

Applicant:

Surname Dr/Mr/Mrs/Miss/Ms		Other names	
Address (residential)			
		Postcode	
Address (postal)			
		Postcode	
Day time Telephone		Email address	
Business Name (if applicable)			
Date of birth	/ /	Previous Licence No.: S.....	Expiry Date: / /

Details of your proposed use of flora

- Collection of flora for identification purposes during surveys while employed by
- Collection of flora for identification & specimen vouchering purposes with (name of herbarium)
- Collection of flora for non-commercial propagation purposes for use in local revegetation projects, while with (name of Community Group/Company)
- Collection of flora for study/ teaching/ research (circle your selection) purposes while with (name of Registered Training Organisation/Institution)
- Collection of flora for display & education purposes for the (name of show) Wildflower Show
- Other (attach proposal):.....

Supporting documents (Note: the following documents will need to be provided with your application in the following circumstances, and then tick the declaration box below):

- **Confirmation of employment-** required when applying for a licence while employed by a company, educational institution or government (eg. covering letter or email from company supervisor)
- **Confirmation of studying status-** required when applying for a licence while studying with an Registered Training Organisation (covering letter or email from course supervisor)
- **Confirmation of membership with Community Group-** required when applying for a licence while with a Community Group (covering letter or email from head of group)

To the best of my knowledge I have attached all of the supporting documents required for my application

Land to which application relates

Whole of State- various locations not yet known (Note: once licensed you are required to obtain the permission of each Land Manager)

OR

Non-CALM managed lands (Note: once licensed you are required to obtain the permission of each Land Manager)

Name of Local Government Authority (eg. Shire, Town, City)	Location of Crown Land: (e.g. Reserve or Location No., name of Pastoral Station, or Reserve name)	Land Manager (Government Agency who manages the land)

DPaW managed lands

Specific name of land managed by DPaW (eg. State Forest, National Park, Nature Reserve, Marine Park, etc, or UCL-please provide description of location of UCL)	DPaW District

OR

List attached (specific locations known)

Note: For lands managed by DPaW (except UCL) a **Regulation 4 Authority** is required in addition to a Scientific or Other Prescribed Purposes licence. Please select one of the following:

- Application for a Regulation 4 Authority submitted with this application
- Already hold a Regulation 4 Authority for this location and project: **CE**.....
- Authorised under someone else’s Regulation 4 Authority which is for the same location and project: **CE**.....

Flora to which application relates

Identification material/Seed/Cuttings (circle your selection) for all flora except Declared Rare Flora

OR

Scientific Name (e.g. <i>Banksia prionotes</i>)	Common Name (if any)	Parts to be taken (e.g. Flowering Stems, Fruits/Nuts, Seeds, Leaves, Cuttings)

OR

List attached

Period for which licence will be required/duration of activity: (Maximum 12 months where activity is ongoing and frequent)

12 months from date of issue (ONLY if project is ongoing and frequent)

OR

Starting Date: _____ **Finishing Date:** _____

/ /

Signature of Applicant

Date

Payment (Please read the following and if you are still not sure whether you are eligible for a waived fee licence please contact Wildlife Licensing for confirmation):

The following situations are eligible for a waived fee licence when using the licence for these purposes:

- Government employees
- Regional Herbarium/WA Herbarium volunteers
- Students of educational institutions
- Community groups (where no sale of the flora is occurring)
- Registered DPaW volunteers
- Employees of educational institutions
- Wildflower Society members

If your activity does not fit in any of the above categories you are required to pay the \$10.00 application fee (Please select one of the following payment methods):

- Cheque enclosed Money order enclosed
- Payment made at DPaW office (refer to 'Office Use Only' section below)
- Credit Card (complete 'Credit Card Payment' section below)

No responsibility will be taken for cash payments sent via mail.

Credit Card Payment	(VISA & MASTERCARD ONLY)	**Please print clearly**
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Cardholder: _____		Expiry Date: ____/____
Signature of Cardholder: _____		

OFFICE USE ONLY

NAME OF RECEIPTING OFFICER:	RECEIPT NUMBER:
SIGNATURE:	DATE: / /
POSITION HELD & OFFICE LOCATION:	AMOUNT: \$.00