

Agricultural and Veterinary Chemicals (Control of Use) Act 1995

APPLICATION FOR AN AGRICULTURAL SPRAYING PERMIT

Enquiries:

Licence Coordinator
AgVet Chemicals Program, Product Integrity Branch
Phone: (03) 6777 2118

Please return this form to:

Email: chemical.enquiries@nre.tas.gov.au

Applicant

Given names: _____

Family name: _____

Residential Address: _____

Postal Address: _____

Date of Birth: ____/____/____

Contact Nos: Home: _____ Business: _____

Mobile: _____ Fax: _____

Email: _____

I, the applicant named above, wish to apply for an **Agricultural Spraying Permit** (issued for 5 years) to use: (*Tick appropriate box*)

- A chemical product containing 4-aminopyridine hydrochloride.**
- A chemical product containing alpha chloralose.**
- A chemical product containing mevinphos (for brassica crops only).**
- A chemical product containing pindone.**

In making this application I declare that the information provided is accurate.

Signature: _____

Date: ____/____/____

Privacy statement

Personal information will be collected from you for the purpose of granting an **Agricultural Spraying Permit** to allow you to purchase/use specific agricultural chemical products as identified on this application form. This information will be used by NRE for determining the relevant application and may be used for other purposes permitted by the *Agricultural and Veterinary Chemicals (Control of Use) Act 1995*. Failure to provide this information may result in your application not being able to be processed.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to courts and other agencies authorised to collect it. Your basic personal information may also be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to NRE.

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THE FOLLOWING QUESTIONS MUST BE ANSWERED

(if space is not sufficient, please attach lists)

1. FOR WHAT PURPOSE WILL THE CHEMICAL PRODUCT(S) BE USED?
(i.e. provide details of target pests, crops, situations in which the product(s) will be used)

2. PROVIDE DETAILS OF WHERE THE USE OF THE CHEMICAL PRODUCT(S) WILL OCCUR.
(i.e. address(es), location(s) - attach a map if possible)

3. WHAT IS THE ESTIMATED ANNUAL USE OF CONCENTRATE (UNDILUTED PRODUCT) CHEMICAL PRODUCT(S)?

OFFICE USE ONLY

Application form completed correctly Yes No Date received: _____
Queries/deficiencies _____

Date Fee sent to Finance: _____ Archiving/other comments: _____

RECOMMENDATION

ISSUE PERMIT YES NO NEW RENEWAL
RENEWAL ENDS: _____ DATE FIRST ISSUE: _____ DATE CURRENT ISSUE: _____
COMMENTS: _____

CERTIFICATE WORDING:

Signature: _____ Date: ____/____/____