

Restricted Chemical Product (RCP) permit application

Applicant—the applicant must be the owner/occupier of the land to be baited, their authorised agent or an authorised person

Name _____
Applicant Status Owner Occupier Authorised Person Agent
(authority attached)
Trading name (if applicable) _____
Contact/postal address _____
Telephone number _____ Mobile _____
Fax/email _____
Property name and address _____
Address invoice to be sent _____

Nominated S7 Retailer/Licensed Pest Management Technician to supply products

Name _____
Address _____
Email _____
Telephone _____ Fax _____
Name _____
Address _____
Email _____
Telephone _____ Fax _____
Name _____
Address _____
Email _____
Telephone _____ Fax _____

Applicant Declaration


I, _____ of _____
request a permit to use restricted chemical products from ____/____/____ to ____/____/____.
and being over 18 years of age and the owner/occupier/authorised agent of the above land state that:

- the above information and the attached map is true and correct, and should the use of the recommended products on my property be approved.

I hereby agree to ensure that I and any person nominated as my agent, receiver or approved user for the purposes of this application is appropriately trained and/or authorised and will comply with the relevant code of practice and label directions of use particularly with respect to:

- neighbour notification, warning signs, distance restrictions, clean up after baiting and disposal of wastes, precautionary measures, storage and transport and record keeping; and
- will also comply with any and all additional conditions applied by the authorised risk assessment officer.

As the owner/occupier/approved agent of the above land I acknowledge that should the risk factors on this property change or any of the nominated persons/retailers change, I must inform an authorising officer and submit a revised baiting application form and property map.

Signature  Date ____/____/____
 I give my consent for a copy of the issued permit (new and amended versions) to be provided by DPIRD to the following
Recognised Biosecurity Group(s): _____

Important - Please note: There is an administration fee per unit of risk assessment. Fees for applications for permits must be paid PRIOR to processing. Once the application is submitted, an invoice will be issued and the application will be processed when payment is confirmed. Processing could take up to 10 days after payment is received. The application fee is non-refundable in the event that the risk is deemed extreme and a permit is not issued.

Property Map

Attach a property map: include points below where relevant and show all distances from bait area

- **Highlight** all access/entry points
- **Indicate:** roads & tracks used for baiting
- **Indicate:** water bodies and water courses
- **◆:** constructed recreational sites
- **Shade in:** sites or areas to be baited
- **X:** locations of dwellings (own and adjacent)
- **▲:** proposed location of all poison warning signs
- Mark all areas of native bushland, reserves and national parks

Please note: applications without a detailed property map will not be accepted

| Nominated Persons | | | | | | |
|-------------------|-----------|--------------------------|--------------------------|--------------------------|---------------------|--|
| Name and address | Telephone | Approved user | Receiver | Approved Pastoralist | LPMT License Number | |
| | | <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"/> | | |
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| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| Baiting Program | | | | |
|---|---|---|------------------|-----------------|
| Baiting period | From Click here to enter text. to Click here to enter text. | | | |
| Target Species | Baiting area (hectares) | Type of product | Product quantity | Supply Interval |
| Rabbits | | <input type="checkbox"/> 1080 Oat bait (pre-prepared ready to lay) <input type="checkbox"/> 1080 Pre-mixed pre-feed oat bait <input type="checkbox"/> 1080 'One shot' impregnated oats | _____ | _____ |
| Foxes | | <input type="checkbox"/> 1080 Canid Pest Ejector Capsules 3mg <input type="checkbox"/> 1080 Fox bait 3mg/bait <input type="checkbox"/> 1080 Impregnated Oat 3mg <input type="checkbox"/> Foxecute PAPP 10 Bait Pail <input type="checkbox"/> Foxecute PAPP 40 Bait Pail | _____ | _____ |
| Wild Dogs | | <input type="checkbox"/> 1080 Canid Pest Ejector Capsules 6mg <input type="checkbox"/> 1080 Wild dog bait 6mg/bait <input type="checkbox"/> 1080 Impregnated Oat 6mg <input type="checkbox"/> Dogabait PAPP 10 Bait Pail <input type="checkbox"/> Dogabait PAPP 50 Bait Pail | _____ | _____ |
| Feral Pigs | | <input type="checkbox"/> 1080 Feral pig bait 72mg/bait | _____ | _____ |
| Emus | | Restricted to LPMT and authorised persons only | _____ | _____ |
| Concentrates Wild dog/feral pig/emu control | | <input type="checkbox"/> 1080 liquid concentrate 30g/L – 100mL <input type="checkbox"/> 1080 liquid concentrate 30g/L – 120mL <input type="checkbox"/> 1080 liquid concentrate 30g/L – 1litre <input type="checkbox"/> 1080 liquid concentrate 30g/L – 1.2litre <input type="checkbox"/> 1080 liquid concentrate 30g/L – 5litre <input type="checkbox"/> Strychnine 25 g (jar) | _____ | _____ |

For more baiting periods please complete page three as many times as required

For assistance with completing this form please contact

Pest and Disease Information Service (PaDIS):

Telephone: 9368 3080

Please return completed forms to

Email: rcp.applications@agric.wa.gov.au

Fax: 9474 2405

Mail: RCP Applications,
 Department of Primary Industries and Regional Development,
 Invasive Species Sort Bin 18,
 3 Baron-Hay Court,
 KENSINGTON WA 6151.

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