

*Agricultural and Veterinary Chemicals (Control of Use) Act 1995*

## APPLICATION FOR AN AGRICULTURAL SPRAYING PERMIT

**Return this form to:**

Maria Hawksley  
Licence Coordinator  
AgVet Chemicals Program, Product Integrity Branch  
PO Box 46, Kings Meadows TAS 7249

**Enquiries:**

Phone: (03) 6777 2118  
Email: [Maria.Hawksley@dpiwwe.tas.gov.au](mailto:Maria.Hawksley@dpiwwe.tas.gov.au)  
Web: [www.dpiwwe.tas.gov.au/chemicals](http://www.dpiwwe.tas.gov.au/chemicals)  
Phone: 1300 368 550

### 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).**

From 30 June 1997, all purchasers of Phosdrin Insecticide are to hold a current ChemCert / Chemical approved users course qualification and provide details of their approval number at the time of purchase. The following information will be recorded in a register, held by the Reseller:-

- Name and address of purchaser and details with proof of identification, date of purchase
- Farm care/chemical users course certificate number
- Crop(s) to be treated with the product and area to be treated.

**A chemical product containing pindone.**

### The Application Fee of \$97.20 is enclosed

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 DPIWWE 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 DPIWWE.

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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 \_\_\_\_\_

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Date Fee sent to Finance: \_\_\_\_\_      Archiving/other comments: \_\_\_\_\_

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## RECOMMENDATION

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

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CERTIFICATE WORDING:

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Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_