

*ANIMAL HEALTH ACT 1995*

**APPLICATION FOR A MOVEMENT PERMIT**

**BUSINESS DETAILS**

<b>Business Name:</b>			
<b>Business Address:</b>			
	<b>Suburb/Town</b>		<b>Postcode</b>
<b>ABN:</b>			
<b>Contact Number:</b>			
<b>Lease No:</b>		<b>MF Licence No:</b>	
<b>Marine Farming Area::</b>			

**APPLICANT DETAILS**

<b>Name:</b>			
	<b>Title</b>	<b>Surname</b>	<b>Given Name</b>
<b>Postal Address:</b>			
	<b>Suburb/Town</b>		<b>Postcode</b>
<b>Contact Number:</b>			
<b>Email Address:</b>			

**MOVEMENT DETAILS**

<b>Equipment Description:</b>			
<b>Equipment Quantity:</b>			
<b>Oyster/Product:</b>		<b>Oyster/Product Size:</b>	
<b>Oyster/Product Quantity:</b>			

**Privacy Statement**

Personal information will be collected from you for the purposes of maintaining a register of persons holding authorisations pursuant to the *Animal Health Act 1995* and will be used by DPIPW for purposes permitted by this Act. Failure to provide this information may result in the inability to process your application or provide the service requested.

Your basic personal information may be disclosed to other public sector bodies where necessary or if required by law. 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 DPIPW. You may be charged a fee for this service.

**MOVEMENT DETAILS CONTINUED**

<b>Spat Size(mm):</b>		<b>Spat Quantity:</b>	
<b>Qualifying Certification</b>			

<b>Method of Transport:</b> (circle appropriate option)	By Road	By Sea	Other (provide details)
<b>Carrier / Vessel details:</b>			

<b>*Origin:</b>		<b>*Destination:</b>	
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***\*For movements involving oyster leases please include the lease number and Marine Farming Area.***

**ADDITIONAL DETAILS**

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**WHERE TO SEND THE COMPLETED FORM:**

**Post:** Department of Primary Industries, Parks, Water & Environment  
Biosecurity Tasmania  
Chief Veterinary Officer  
GPO Box 44, Hobart TAS 7001

**Fax:** Animal Biosecurity & Welfare Branch (03) 6278 1875

**Email:** [POMSTas@dpiuwe.tas.gov.au](mailto:POMSTas@dpiuwe.tas.gov.au)

**DECLARATION**

I hereby declare that all information provided in this application is true and correct.

Signature of Applicant(s):

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Date:

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