

## APPLICATION FOR PERMIT

### Citrus Canker Response

This application form is to be used to apply to the Department of Primary Industry and Resources for a permit to move Citrus Canker (*Xanthomonas citri* subsp. *citri*) Host Plants and Plant-Related Material for entry into, within and from a Restricted Area and from a Control Area (as declared under the Government Gazette).

**Important:** All applications **must** be received at least five (5) business days prior to the proposed date for movement of the Host Plants and Plant-Related Material.

**Note:** The terms “*Host Plant*” and “*Plant-Related Material*” wherever used in this application form have the same meaning as set out in the *Plant Health Act*.

Applicant Details		
<b>Title</b>	<b>Given name(s)</b>	<b>Surname</b>
<b>Company name and ABN/ACN</b> <small>(If applicable)</small>	<b>Contact number</b>	<b>Mobile number</b>
<b>Street Address</b> (Must be a physical or location address. PO Box will not be accepted.)		
<b>Postal Address</b> (If required)		
<b>Email</b>		

Source Address (where Host Plant or Plant-Related Material was grown)		
<b>Title</b>	<b>Given name(s)</b>	<b>Surname</b>
<b>Company name and ABN/ACN</b>	<b>Contact number</b>	<b>Mobile number</b>
<b>Street Address</b> (Must be a physical or location address. PO Box will not be accepted.)		
Unit/house/apartment number	Street name	Street type
Suburb	State	Post code
<b>Postal Address</b> (If different to above)		
<b>Email</b>		

Packing Address (where Host Plant or Plant-Related Material was packed)		
<small>(If different to Source Address above)</small>		
<b>Title</b>	<b>Given name(s)</b>	<b>Surname</b>
<b>Company name and ABN/ACN</b>	<b>Contact number</b>	<b>Mobile number</b>

**Street Address** (Must be a physical or location address. PO Box will not be accepted.)

Unit/house/apartment number  Street name  Street type   
Suburb  State  Post code

**Postal Address** (If different to above)

**Email**

**Details of Host Plant or Plant-Related Material to be moved**

Common or product name	Scientific name (Genus and species)	Description (variety, cultivar, packaging, machinery type etc.)	Estimated quantity of each movement	Estimated number of movements or frequency of movements	Date range required to complete movements

**Other details to support application (including purpose of movement)**

**Transport details**

Mode of transport:  Date of first movement:  Date of final movement:

Note: NT DPIP&R must be notified if transport details change - email: [Quarantine@nt.gov.au](mailto:Quarantine@nt.gov.au)

Transport Co. name and ABN/ACN  Contact number  Mobile number   
Address  State/Territory  Postcode

**Route of movement**

<b>If permit is approved, please indicate your preference for delivery</b>		
Please circle only one option:	Email	Registered post

**Declaration**

**If the Applicant making this application is an individual:**

I declare that the information I have provided is true and accurate to the best of my knowledge.

**Signature:**.....**Date:**.....

**If the Applicant is making this application on behalf of a corporation:**

This application is made for and on behalf of:

Company name\_\_\_\_\_ ABN/ACN\_\_\_\_\_

The authorised officers of the company declare that the information provided in this application is true and accurate to the best of their knowledge,

Signed by:

Signature\_\_\_\_\_ Signature\_\_\_\_\_

Print name\_\_\_\_\_ Print name\_\_\_\_\_

Position\_\_\_\_\_ Position\_\_\_\_\_

On the (date) ...../...../..... pursuant to section 127 of the *Corporations Act* 2001 (Cth).

**Please return the completed application and any attached documents by email to:**  
Quarantine@nt.gov.au