

Change of details form

Nature Conservation Act 1992 – Nature Conservation (Animals) Regulation 2020

Change of details for harvester or dealer licence (macropods)

- Note:**
1. This form is for updating the licenced premises or change of name (harvester/Dealer).
 2. If you have been approved to submit paper applications due to 'exceptional circumstances' this form is used to update your contact details.
 3. If you are using Online Services all permit details other than licenced premises and change of name can be updated in Online Services.

Privacy statement: Information on this form is used to update your harvesting or dealer licence issued under the *Nature Conservation Act 1992*. Your details will not be otherwise disclosed outside the department unless you have given us permission or we are required by law.

Licence number:	Title: Mr/Mrs/Ms/Other	Family name	Given names	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Residential address	Telephone (business hours)
<input type="text"/> Postcode	<input type="text" value="()"/>

Postal address for correspondence—if the same as residential address write 'as above'.	Telephone (after hours)
<input type="text"/> Postcode	<input type="text" value="()"/>

Licensed premises: The licenced premises are a place where, for example, where a harvester may keep dead macropods prior to sale, and where record/return books must be kept when you are not undertaking activities under the licence or if a dealer the place where activities under the licence are conducted. Licensed premises must be in Queensland. The licensed premises may be different from your residential address.

Address of licensed premises—if the same as residential address write 'as above'.

<input type="text"/> Postcode

If you are a harvester or an individual dealer, please go to the applicant's name and signature section.

If you are a company with dealer permit you will also need to fill out the corporation details below.

Application form
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Corporation details

Company name

Applicant's position in corporation

Telephone (business hours)

ABN/ACN

Applicant's full name

Date

Applicant's signature

Please return your completed form to:

Department of Environment, Science and Innovation
Macropod Management Unit
PO Box 689, CHARLEVILLE QLD 4470
Phone: (07) 4530 1254
Email: mmp@des.qld.gov.au
www.des.qld.gov.au
