



**APPLICANT DETAILS:** Please print clearly.

.....  
 Company Name (if applicable) ACN Number  
 .....  
 Surname of Applicant Mr/Mrs/Ms/Miss (Please circle)  
 .....  
 Given Names Date of Birth: ...../...../.....  
 Registered/ Residential Address: .....  
 Postal Address: .....  
 Work ☎ ..... Home ☎ .....  
 Fax ☎ ..... Mobile ☎ .....

Location in Northern Territory where wildlife will be held (please specify address, if different to residential address):.....  
 .....

**SPECIES FOR WHICH PERMIT IS REQUIRED:** Please list the scientific name (Latin Name), Common Name and the quantity of each species of wildlife for which this application is being made.

Scientific Name	Common Name	Qty

If the application refers to live crocodile/s please specify size/s e.g. Hatchling, Juvenile or the specific size if an Adult, (Crocodile Hatchlings are up to 0.6m, Juveniles are between 0.6m – 2.1m and Adults are 2.2m and above).

If the application refers to parts of animals, or dead animals please indicate which part e.g. shell, feathers, skull .....

**ORIGIN OF WILDLIFE:** Please be advised that the wildlife listed above must have been obtained lawfully. Please attach copies of your proof of purchase ie signed letter, receipt.

.....  
 Surname of Supplier Given Names  
 .....  
 Company Name (if applicable) Permit Number  
 Registered Address: .....

<b>Office Use Only: (updated 2/9/08)</b>	
Valid Dates ...../...../..... to ...../...../.....	
Record Book Number.....	Permit Number issued .....