



The Controlled Substances (Poisons) Regulations 2011

APPLICATION FOR A LICENCE TO POSSESS REGULATION 25 POISONS - STRYCHNINE

PRESCRIBED POISONS FOR THE PURPOSES OF S.22 OF THE ACT, REGULATION 25

This licence is **exempt** from the Goods and Services Tax (GST)

SA Health ABN: 97 643 356 590

I, (applicant's name): _____

Company Name (if applicable): _____ ACN: _____

Trading Name(s) (if applicable): _____

Postal Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Hereby apply for a Strychnine Licence and agree to abide by the Regulations under the *Controlled Substances Act 1984*, and the conditions of licence.

Locality at which strychnine is to be used: _____

Post Code: _____

Locality at which strychnine is to be stored: _____

Post Code: _____

Type of pest involved: _____

Brief description of damage being caused: _____

Amount of strychnine required (ie: 25g, 50g, or 100g): _____

Nominated supplier (name and address): _____

If insufficient space please add attachments

Signature of Applicant

I hereby apply for a Licence to possess the above Regulation 25 Poisons and agree to abide by the Regulations under the *Controlled Substances Act 1984*, and the conditions of licence.

Fee enclosed (as per schedule) \$ _____

Date

Signature of Applicant

**Recommended by (ie: an officer of the Natural Resources Management Biosecurity Unit,
Biosecurity SA, Department of Primary Industries and Resources SA)**

I, _____
of the: _____

am aware of the situation and property/properties in this application and agree that there is a definite requirement for the use of
strychnine in accordance with current regulations.

Name (*Print*): _____ Signature: _____

Position: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

FEES

Effective for the period 1/7/2017 to 30/6/2018

For a period of: **1 year \$143.00** **OR** **3 years \$429.00**

To apply for a licence:

Return the form to SA Health using one of these methods:

Fax: 8226 6681;

Email: HealthControlledSubstances@sa.gov.au;

Post: CONTROLLED SUBSTANCES LICENSING
PUBLIC HEALTH
PO BOX 6
RUNDLE MALL 5000;

Pay the required fee using one of these methods:

Credit Card (Visa/Mastercard only)

Available online at: <https://www.bpoint.com.au/payments/deptofhealthandageing/>

Bill Code: 1355973

Reference: NEW

Money Order

Cheque made payable to SA Health.

If you have any enquiries, please phone Controlled Substances Licensing on (08) 8226 7100

OFFICE USE ONLY

GRANTED BY: _____ DATE: _____

NOTES: _____