

REGISTRATION / PIC APPLICATION FORM

PLEASE USE BLOCK LETTERS ONLY



Government of South Australia
Biosecurity SA

New Registration

Amendment (circle below)

Amendment: Amending Parties Amending Property Amending Species

1. COMPANY DETAILS (Note a Trading Name is not a Company)

| | | | |
|------------------------------|-------------------|-----|-------------------|
| Company Name (if applicable) | | | |
| Postal Address | | | Postcode |
| Address | | | Postcode |
| Phone | Mobile | Fax | |
| Email Address | | | |
| ACN | __ / __ / __ / __ | ABN | __ / __ / __ / __ |

2. APPLICANT DETAILS – complete sections below dependant on the number of applicants

| | | | | | |
|---------------------------|---|--|----------------------------------|----------|--|
| Surname | | | First Name | | |
| Middle Name(s) | | | Preferred Name | | |
| Postal Address | | | | Postcode | |
| Address | | | | Postcode | |
| Home Phone | Bus. Phone | Fax | | | |
| Mobile | Email Address | | | | |
| Are you the (please tick) | Registered Owner <input type="checkbox"/> | Company Partner <input type="checkbox"/> | Manager <input type="checkbox"/> | | |
| ABN | __ / __ / __ / __ | | | | |

| | | | | | |
|---------------------------|---|--|----------------------------------|----------|--|
| Surname | | | First Name | | |
| Middle Name(s) | | | Preferred Name | | |
| Postal Address | | | | Postcode | |
| Address | | | | Postcode | |
| Home Phone | Bus. Phone | Fax | | | |
| Mobile | Email Address | | | | |
| Are you the (please tick) | Registered Owner <input type="checkbox"/> | Company Partner <input type="checkbox"/> | Manager <input type="checkbox"/> | | |
| ABN | __ / __ / __ / __ | | | | |

IF MORE APPLICANTS ARE INVOLVED PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

3. Please nominate one of the above applicants who is a registered owner / company partner as the Primary Contact

| | | | | | |
|---------|--|--|------------|--|--|
| Surname | | | First Name | | |
|---------|--|--|------------|--|--|

Note:- All general correspondence for this registration will be sent to the Primary Contact.

4. Please nominate one of the above applicants, or the Company as the Financial Contact

| | | | | | |
|---------|--|--|------------|--|--|
| Surname | | | First Name | | |
|---------|--|--|------------|--|--|

Note:- Only financial correspondence for this registration will be sent to the Financial Contact. Please note that invoices will be made out to the nominated Financial Contact.

Does this property have a Property Identification Code (PIC)?

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| S | | | | | | | |
|---|--|--|--|--|--|--|--|

 If so, please insert here

Please indicate what Pig Brands you are applying for below. (Please attach more paper if there are more than 5 brands)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | | |
|---|--|-----------------|--|
| 5. PROPERTY NAME (if applicable) | | | |
| Property Location Address (for visits) | | Postcode | |

| 6. PROPERTY DETAILS (only on which livestock are to be kept) | | | | |
|---|-------------------|------------------|--------------------------------|-----------------------------|
| Volume & Folio No. | **Valuation No. | Hundred Name | All Section no's or Plan no's. | Name of Previous Land Owner |
| <i>Eg CT5534/23</i> | <i>8627999999</i> | <i>Archibald</i> | <i>101, Deposit Plan 1234</i> | <i>Joe A Bloggs Pty Ltd</i> |
| | | | | |
| | | | | |
| | | | | |

**** These details can be found on Council Rate notices or Emergency Services Levy notices. If insufficient space please attach details on a separate sheet. All your blocks of land need to be within 100 km of one another. Special rules apply if your property spans either the Gulf of St. Vincent or Spencer Gulf. If you have / will have a PIC on Kangaroo Island then all Valuation Numbers must be on Kangaroo Island.**

| | | | | |
|---|--|-----------------|--------------|--|
| 7. PROPERTY OWNER(S) (Please note this is the ownership name that is recorded with the Land Titles Office) | | | | |
| Property Owner(s) | | | | |
| Location Address | | Postcode | | |
| Home Phone | | Mobile | Email | |

| 8. LIVESTOCK ENTERPRISE – Note Maximum no of stock refers to maximum expected on the property at any one time within the next 12 months period. (ALL SPECIES MUST BE COMPLETED FOR SPECIES TO BE KEPT) | | | | |
|---|---|-------------------------------|----------------------|--------------|
| Species | Enterprise Type | Maximum no. of Breeding Stock | Maximum no. of Stock | Trading Name |
| Alpacas | | | | |
| Cattle | Beef <input type="checkbox"/> | | | |
| | Commercial Dairy* <input type="checkbox"/> | | | |
| | Feedlot <input type="checkbox"/> | | | |
| | Other <input type="checkbox"/> | | | |
| Deer | | | | |
| Goats | Commercial Dairy* <input type="checkbox"/> | | | |
| | Feral <input type="checkbox"/> | | | |
| | Fibre <input type="checkbox"/> | | | |
| | Meat <input type="checkbox"/> | | | |
| | Other <input type="checkbox"/> | | | |
| Horses ** | Breeding <input type="checkbox"/> | | | |
| | Racing <input type="checkbox"/> | | | |
| | Recreational <input type="checkbox"/> | | | |
| | Showing <input type="checkbox"/> | | | |
| | Working <input type="checkbox"/> | | | |
| Pigs | Indoor - penned <input type="checkbox"/> | | | |
| | Outdoor - paddock <input type="checkbox"/> | | | |
| | Shelter - litter based <input type="checkbox"/> | | | |
| | Other <input type="checkbox"/> | | | |
| Poultry (specify species and production system) ^{††} | Eggs <input type="checkbox"/> | | | |
| | Meat <input type="checkbox"/> | | | |
| | Other <input type="checkbox"/> | | | |
| Sheep | Commercial Dairy* <input type="checkbox"/> | | | |
| | Meat <input type="checkbox"/> | | | |
| | Wool <input type="checkbox"/> | | | |
| | Other <input type="checkbox"/> | | | |
| Other # (please specify) | | | | |

*** For Commercial Dairies only – Milk Licence No:** _____
**** Are you agisting other people's horses? YES NO - IF YES, contact details of the responsible person or owner of the horses that are agisted on your property needs to be kept.**
†† Poultry species and production system (caged, shed or free range) must be specified if you are required to be accredited under the Primary Produce (Food Safety Schemes) Act 2004.
Other species include buffalo, camels, donkeys, mules and llamas.

| | | | |
|---|--|-------------|--|
| SIGNATURE OF APPLICANT COMPLETING FORM | | | |
| PRINT NAME | | DATE | |

Tick this box if you consent to your name and address being provided to relevant member groups of Primary Producers SA (the peak advocacy body for primary producers in SA).

Privacy Statement

Biosecurity SA is subject to the SA Government's Cabinet Privacy Principles in relation to release of private information. The information, collected for registration purposes under the *Livestock Act 1997*, will only be released for the operation of the National Livestock Identification Scheme, to assist with livestock management provisions under the *Natural Resources Management Act 2004* and where authorised by the Chief Inspector, for disease management and emergency response purposes.

FALSE AND MISLEADING INFORMATION DISCLAIMER

Section 75 of the Livestock Act 1997:

A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information furnished, or record kept, under this Act.

Maximum penalty: If a person made the statement knowing that it was false or misleading - \$10,000. In any other case - \$5,000.

PAYMENT DETAILS

The table below will assist you to calculate the payment required.

| (A) REGISTRATION TYPE | COST \$ | TOTAL \$ |
|------------------------------|--------------------|---------------------|
| PIC Fee | 90.00 | 90.00 |
| | SUBTOTAL | \$ |

OFFICE USE ONLY

PIC Allocated

| | | | | | | | |
|----------|--|--|--|--|--|--|--|
| S | | | | | | | |
|----------|--|--|--|--|--|--|--|

All cheques/money orders should be made payable to Primary Industries & Regions SA (or PIRSA) and returned to the address below.

Please complete the following details if you wish to pay by Credit Card or please attach a cheque payable to PIRSA for the total amount payable.

| | | | |
|---------------------------------|--|-------------------------------|-------|
| NAME OF CARDHOLDER | | | |
| CREDIT CARD TYPE | Mastercard <input type="checkbox"/> | VISA <input type="checkbox"/> | |
| CREDIT CARD NUMBER | _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ | EXPIRY DATE | _ / _ |
| CREDIT CARD SECURITY NO. | <i>(This is a 3 digit number on the back of your card)</i> _ _ _ | | |
| AMOUNT TO PAY | \$ | | |
| CARDHOLDER SIGNATURE | | | |

If returning this form by fax or email, please retain this form for your records.

Return Address:

Biosecurity SA - Registrations Team
33 Flemington St
GLENSIDE SA 5065

Contact details:

Tel: (08) 8207 7919
Email : PIRSA.picregistrations@sa.gov.au