

Email or post your completed form to:

Licensing & Regulation Division
GPO Box 2807
MELBOURNE 3001Phone: 1300 651 645
Email: lrld@police.vic.gov.au

VICTORIA POLICE

APPLICATION FOR PUBLIC PLACE PERMIT – VERMIN CONTROL or ANIMAL WELFARE (Individual or Business)

(Section 130 Firearms Act 1996)

PART 1 - APPLICANT'S LICENCE DETAILS (All applicants must complete this part)											
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Licence Expiry date:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>			/			/				
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APPLICANT'S DETAILS (All applicants must complete this part)	
Organisation Name (if applicable)	_____
Trading Name (if applicable):	_____
Nominee Name (if applicable):	_____
Family Name (Mr/Mrs/Miss/Ms):	_____
Given Name(s):	_____
Date of Birth:	_ / _ / _
Business/Residential Address:	_____
Postal Address:	State: _____ Postcode: _____
Telephone:	State: _____ Postcode: _____ (H) _____ (W) _____ (M) _____
Email address:	_____

PERMIT TYPE (All applicants must complete this part). Place an X in the relevant box.		
Individual:	<input type="checkbox"/>	
Business:	<input type="checkbox"/>	
PERMIT ACTIVITY (All applicants must complete this part). Place an X in the relevant box.		
Animal Welfare:	<input type="checkbox"/>	Go to Part 2
Vermin Control:	<input type="checkbox"/>	Go to Part 3

Note: Choose one permit per application.

PART 2 – ACTIVITY DETAILS FOR ANIMAL WELFARE
Nominated geographical location of activities:
Permit duration sought (up to 12 months):
Any additional proposed safety measures:

The type of animal to be euthanized or tranquillised:

PART 3 - ACTIVITY DETAILS AND SITE PLAN FOR VERMIN CONTROL

Note: Documents need to be provided by the landowners giving permission to the applicant and any other affiliated licence holder's permission to conduct the activity on the land, and highlighting the need for the activity to occur.

Land owner's name i.e. Organisation or individual's name:

Specific address or location of the shoot:

What is manufactured/produced, or activity is undertaken at the property/location?

Contact name at location: _____ Contact Number: _____

Date(s) of the activity (if ongoing please indicate timeframes): _____

Times of activity: START: _____ FINISH: _____

Type of vermin: _____

Outline other methods of eradication that have proved unsuccessful at the location:

Note: An inspection of the site will need to be carried out by the Divisional Firearms Officer or their delegate, to ensure that the activity can be conducted safely at the location.

- a) If the site has not been previously been inspected, the application must be submitted 28 working days prior to the requested dates.
- b) If the site has been inspected within the last two years, the application maybe submitted 15 working days prior to the requested dates.

Have there been any known infrastructure changes to the location within the last two years? (If changes have occurred it will need to be re-inspected).

YES NO

Please attach a site plan of the location where the activity will take place (attach photographs if available).

The site plan is not required to be to scale, however it should indicate the following:

- **The position from where the shots are to be fired;**
- **The direction in which they are to be fired;**
- **The distance from any neighbouring properties; and**
- **The type of buildings and public thoroughfares in the vicinity.**

The Divisional Firearms Officer will refer to these documents when conducting their inspection and assessment of the site.

DETAILS OF FIREARM LICENCE HOLDERS REQUIRED TO PARTAKE IN THE ACTIVITY OF VERMIN CONTROL

Name: _____ Licence Number: _____

Name: _____ Licence Number: _____

Name: _____ Licence Number: _____

FIREARM DETAILS (All applicants must complete this part)			
Category	Type	Action	Calibre

SAFTEY ISSUES (All applicants must complete this part)	
Do you have documented standard operating procedures including a risk assessment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'Yes', have these been provided to Victoria Police in the past 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'No' to either of these questions, you must supply a copy of your current standard operating procedures, which should include the use of firearms, with this application.	

PUBLIC LIABILITY (All applicants must complete this part)	
Do you have public liability insurance that covers this activity, specifically the use of firearms in a public place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'Yes', have they been provided to Victoria Police in the past 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vermin Control: If 'No' does the landowner have the insurance to cover you (the applicant)? Evidence of this will need to be provided with this application.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Animal Welfare: If 'No' you must supply a copy of your current public liability insurance that covers this activity, specifically the use of firearms in a public place.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Signature of Applicant

____/____/_____
Date of Application

Note: Before you post this application to Licensing & Regulation Division, please the checklists on the next page.

APPLICATION CHECKLIST FOR VERMIN CONTROL	
Have you provided the name of the landowner i.e. organisation/person seeking permission to shoot in a public place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a letter of permission/evidence of contract from the landowner of the property/location where the shooting will be taking place, outlining the need for Vermin Control and how often it will need to be completed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has this letter been signed by the Chief Executive Officer or equivalent?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a site plan indicating where shots are to be fired and which direction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do all individuals required to partake in the shooting have Vermin Control as a genuine reason on their licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are all shooters licensed in the category of the firearms to be used?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided safety procedures including a risk assessment that outline standard operating procedures of the business/individual during the course of the activity? (or within the last 12 months).	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a current copy of a Level 1 – First Aid Qualification?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided evidence of public liability insurance, specifying the use of firearms? (If own firearms are not being used, insurance will need to cover the use of another individual's firearm).	YES <input type="checkbox"/> NO <input type="checkbox"/>

APPLICATION CHECKLIST FOR ANIMAL WELFARE	
Have you provided proof of assisting at or employment by an Animal Welfare shelter or society (or within the last 12 months)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have public liability insurance that covers this activity, specifically the use of firearms in a public place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided safety procedures including a risk assessment that outlines standard operating procedures of the business/individual during the course of the activity (or within the last 12 months)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do all individuals required to partake in the shooting have Animal Welfare as a genuine reason on their licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are all shooters licensed in the category of the firearms to be used?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a current copy of a Level 1 – First Aid Qualification?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Email the completed application and supporting documents to lrd@police.vic.gov.au or post to: Licensing & Regulation Division, GPO Box 2807, Melbourne, VIC 3001. For further enquiries contact Licensing & Regulation Division on 1300 651 645.