

Name of Applicant : _____

Address : _____

Telephone – (BH) _____ (AH) _____ (Mob) _____

Duration – Start Date ____/____/____ End Date ____/____/____

NB: Permits are only issued for a maximum 12 Months

Please describe exact location of grazing _____

Type of Livestock: _____ Number of Livestock: _____

Are the livestock in a fit and healthy condition? Yes No

Do the Livestock comply with the Livestock Disease Control Act 1994? Yes No

Applicant's Signature

Date / /

Checklist:

- Certificate of Currency Public Liability Insurance with Minimum Cover \$10,000,000.
- Site Plan
- Written approval from abutting landowners (if applicable)
- Written Approval of Vic Roads or other Authority (if applicable)
- Veterinary Certificate sighted (If Applicable)