**Section 173 – Nature Conservation (Animals) Regulation 2020**

**Flying-fox roost management permit**

**Important information for applicants**

Applications can be made using the Department of Environment and Science (the department) digital platform for online services and transactions. In some instances, online licences are granted straight away. Visit https://www.[business](https://www.business.qld.gov.au/running-business/environment/online-services).qld.gov.au/running-business/environment/online-services for more information.

This form is to be used to apply for a flying-fox roost management permit for the purpose of management and dispersal of flying-foxes. Where a flying-fox roost management permit is issued, the chief executive may include a condition requiring you to comply with the Code of practice – ecologically sustainable management of flying-fox roosts (the code of practice).

Requested information will enable your application to be processed as prescribed by the *Nature Conservation Act 1992* (the Act) and Nature Conservation (Animals) Regulation 2020 (Animals Regulation)*.* Your application must be assessed, and an authority granted by the chief executive before you can proceed with the proposed activity. **Your application may take up to 40 business days to process.**

Before lodging this application, you should be familiar with relevant sections of the Act and Animals Regulation which are available from the Office of the Queensland Parliamentary Counsel website <http://www.legislation.qld.gov.au> and be familiar with the above code of practice.

If you have queries about how to complete this form correctly or need guidance, please contact Permits and Licensing on **1300 130 372 option 4.**

**Terms and Conditions**

**Permits, licences and authorities**

Queensland's native wildlife is protected by legislation that aims to conserve biodiversity by protecting native plants and animals and their habitat. All native birds, reptiles, mammals, and amphibians are protected, along with some invertebrates , freshwater fish, the estuary stingray, and the grey nurse shark.

Other aquatic species are protected by the [Department of Agriculture and Fisheries](https://www.daf.qld.gov.au/), the [Great Barrier Reef Marine Park Authority](http://www.gbrmpa.gov.au/) and the Australian Government.

A licensing system helps us protect native wildlife species. By regulating the sustainable taking, keeping, using or moving of native animals we contribute to the maintenance of viable wild populations of plants and animals.

The type of approval(s) you will need depends upon a number of things, including:

* The nature and purpose of your proposed activity;
* The tenure of the area in which you intend to undertake your activity; and
* The species of wildlife concerned.

To apply for permits:

* within the protected area estate (including nature refuges and special wildlife reserves) as defined in the Act (e.g. national park, national park [Aboriginal land], national park [Torres Strait Island land] etc); or
* within a marine park under the *Marine Parks Act 2004*; or
* within State forest estate under the *Forestry Act 1959* (e.g. state forests and timber reserves).

Please contact Queensland Parks and Wildlife Service and Partnerships (QPWS&P) at [parkaccess@des.qld.gov.au](mailto:parkaccess@des.qld.gov.au)

Note: Corporations must have an office in Queensland to be eligible to apply for an authority. The *Nature Conservation Act 1992* and the subordinate Nature Conservation Regulations may be found online on the Office of the Queensland Parliamentary Counsel website <http://www.legislation.qld.gov.au>

**Privacy statement for wildlife permits**

Information you provide, assists the department in administering animals and plant licences, permits and authorities granted under the *Nature Conservation Act 1992*.

Some information may be provided to the Departments of Agriculture and Fisheries; Queensland Health; Queensland Police Service and the Australian Defence Force in order to investigate biosecurity or health issues or allegations of unlawful activity.

Some information, where relevant, may also be sent to non-government organisations such as the RSPCA Qld and the Queensland Wildlife Rehabilitation Council for the purpose of improving standards of native animal care.

Personal information in relation to your permit will not be disclosed to any other parties without your consent, unless authorised or required by law.

More information on our commitment to privacy is available on the department’s website at <https://www.des.qld.gov.au/legal/privacy.html>. For specific privacy information or enquiries please email [privacy@des.qld.gov.au](mailto:privacy@des.qld.gov.au).

**Completion of this form**

# To enable your application to be processed you must answer all sections and acknowledge you have read the ‘terms and conditions’ by checking the box in section 1.

# If you do not complete all sections, sign, and date the application form, your application will be returned to you as an invalid application.

1. **You may only lodge this application if you have accepted the above terms and conditions**

I accept the above terms and conditions shown above.

1. **Applicant information**

A wildlife authority may only be granted to an individual or corporation. A corporation must have an office in Queensland to be eligible to apply for an authority. Please tick the appropriate box:

**An individual** ® **Complete** Section 3 **applicant details — then complete sections 5 to 22.**

**An organisation** ® **Complete** Section 4 **applicant details — then complete sections 5 to 22.**

1. **Applicant details for an individual**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TITLE | \*first name | Middle name | \*Surname | \* DATE OF BIRTH |
| Mr  Mrs  Ms  Miss  Other |  |  |  |  |

1. **Applicant details for an organisation**

Organisation type –

Company  Australian registered (foreign) body  Incorporated association

Co-operative  Government  Not for profit organisation

|  |  |  |
| --- | --- | --- |
| \*australian business number | \* business name | |
|  |  | |
| Chief executive officer | | Australian company number / association number |
|  | |  |

1. **Applicant registered / residential address**

|  |  |  |  |
| --- | --- | --- | --- |
| \* RESIDENTIAL ADDRESS (not a post office box) | \* Suburb | \* State | \* POST CODE |
|  |  |  |  |

(WRITE ‘AS ABOVE’’ IF SAME AS registered / RESIDENTIAL ADDRESS)

|  |  |  |  |
| --- | --- | --- | --- |
| POSTAL ADDRESS | Suburb | State | POST CODE |
|  |  |  |  |

1. **Applicant contact details – email and phone contact is mandatory**

|  |  |  |  |
| --- | --- | --- | --- |
| EMAIL address |  | | |
| Phone type  Home phone  Office phone  Mobile phone | | Area code | Phone number (NOTE: 10 digits including area code) |

1. **Permit activity**

**Flying-fox Roost Management Permit**

**Destroying a flying-fox roost -** Use this application type to destroy a roost if the flying-foxes are causing damage to property or represent a threat to human health or well-being within an Urban Flying-fox Management Area (UFFMA) or to manage a roost outside of an UFFMA. A flying-fox roost management plan must be submitted at the time of application.

**Disturbing a flying-fox -** Use this application type to disturb a roost if the flying-foxes are causing damage to property or represent a threat to human health or well-being within an Urban Flying-fox Management Area (UFFMA) or to manage a roost outside of an UFFMA. A flying-fox roost management plan must be submitted at the time of application.

**Driving away or attempting to drive away a flying-fox -** Use this application type to destroy, disturb, drive away or attempt to drive away a flying-fox roost if the flying-foxes are causing damage to property or represent a threat to human health or well-being within an Urban Flying-fox Management Area (UFFMA) or manage a roost outside of an UFFMA.

**Do you have a flying-fox management plan?**

Yes - Attach the flying-fox management plan.

No – STOP – do not proceed with this application until a flying-fox management plan has been developed.

1. **Code of practice**

I can comply with the Code of practice - Ecologically sustainable management of flying-fox roosts.

1. **Location of the activity**

Provide the exact location where activities will take place. This permit can be granted for one place only. When completing this application attach a map to identify the exact location.

|  |  |  |  |
| --- | --- | --- | --- |
| \* Physical street address (WRITE “AS ABOVE” IF SAME AS RESIDENTIAL / REGISTERED ADDRESS) | \* Suburb | \* State | \* POST CODE |
|  |  |  |  |

**OR**

|  |  |
| --- | --- |
| \* Lot number | \* Plan number |
|  |  |

**OR adjacent to**

|  |  |
| --- | --- |
| \* Lot number | \* Plan number |
|  |  |

**OR**

|  |
| --- |
| GPS location |
|  |

1. **Wildlife details**

(If you require more space, attach a separate sheet of wildlife details)

|  |  |  |
| --- | --- | --- |
| **COMMON NAME** | **SCIENTIFIC NAME** | **number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Reason for this permit application**

Property

|  |  |
| --- | --- |
| **Describe damage, prevention and potential for economic loss** | |
| Damage or potential damage to property |  |
| Attempts to prevent or minimise damage |  |
| Potential for economic loss |  |

Health or wellbeing

|  |
| --- |
| **Provide information regarding the impact on human health or well-being. Please attach substantiating documentation, if necessary.** |
|  |

1. **Pre-lodgement consultation**

Describe any pre-lodgement consultation undertaken with the department (if any) for this application. A pre-lodgement meeting is not mandatory but is strongly recommended.

Pre-lodgement meetings will assist in ensuring applications are properly made and will help in reducing assessment times.

|  |  |
| --- | --- |
| Name of departmental officer spoken to |  |
| Departmental officer contact details |  |
| Pre-lodgement consultation details |  |

1. **Provide estimated numbers and breeding/rearing activities for each species at the roost**

The chief executive (or their delegate) may use information provided here to assist in determining whether they are satisfied under sections 175(2)(d) or 176(2)(b) of the Animals Regulation.

**\* IMPORTANT NOTE:** Activities affecting spectacled flying-fox (*Pteropus conspicillatus*) and grey-headed flying-fox (*Pteropus poliocephalus*) may be subject to referral to the Commonwealth Government under the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) in the event of likely significant impact.

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMON NAME** | **SCIENTIFIC NAME** | **ESTimated NUMBER** | **Presence of Pregnant females or dependent young (y/n)** |
| Grey-headed flying-fox\* | *Pteropus poliocephalus* |  |  |
| Spectacled flying-fox\* | *Pteropus conspicillatus* |  |  |
| Black flying-fox | *Pteropus alecto* |  |  |
| Little red flying-fox | *Pteropus scapulatus* |  |  |

1. **Complete only if attempting to drive away flying foxes**

Has the project coordinator / person in charge been supplied a copy of the Code of practice – Ecologically sustainable management of flying-fox roosts and a copy of the Flying-fox Roost Management Guideline?

Yes  No

1. **Regional context**

Note: The chief executive (or their delegate) is required by section 241(1)(k) of the Animals Regulation to consider whether the flying-foxes are likely to move to an urban area.

If the flying-fox roost is within 50km of an urban or residential area, supply a regional context map marking any sites within 50km of the flying-fox roost that the flying-foxes could use as alternative roost sites.

Map attached

I have not provided a map.

1. **Start and completion dates**

Please enter the proposed start and completion dates for the project

|  |  |
| --- | --- |
| START DATE | FINISH DATE |

1. **Effective date**

Select an effective date Decision Date  or Nominated Date

1. **Person in charge**

Details of the person nominated to be in charge of the place(s) where the authorised activity is to be undertaken.

Same as applicant  Alternate person in charge

**Person in charge identity details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TITLE | \*first name | Middle name | \*Surname | \* DATE OF BIRTH |
|  |  |  |  |  |

**Person in charge residential address**

|  |  |  |  |
| --- | --- | --- | --- |
| \* RESIDENTIAL ADDRESS (not a post office box) | \* Suburb | \* State | \* POST CODE |
|  |  |  |  |

(WRITE ‘AS ABOVE’’ IF SAME AS RESIDENTIAL ADDRESS)

|  |  |  |  |
| --- | --- | --- | --- |
| POSTAL ADDRESS | Suburb | State | POST CODE |
|  |  |  |  |

**Person in charge contact details – email and phone contact is mandatory**

|  |  |  |  |
| --- | --- | --- | --- |
| EMAIL address |  | | |
| Phone type  Home phone  Office phone  Mobile phone | | Area code | Phone number: NOTE: 10 digits (INCLUDING area code) |

1. **Application contact details**

An alternative contact nominated by the legal entity which either has or will submit to be assessed by the department. All departmental correspondence relating to the assessment of applications will be directed to the application contact, however, if the application results in the issuing of a relevant authority, the relevant authority will be sent to the customer contact or if nominated, the primary contact.

Same as applicant  Alternate contact person

|  |  |  |  |
| --- | --- | --- | --- |
| \*name or position | \*PRIMARY PHONE. NOTE: 10 digits (INCLUDING area code) | email address | secondary phone |
|  |  |  |  |

1. **Wildlife suitability**

During the past three (3) years, have you (or an associate) been convicted of: (i) an offence against the Act; or (ii) an animal welfare offence under the *Animal Care and Protection Act 2001*;or (iii) an offence relating to wildlife against another Act, or an offence, however described, equivalent to an offence mentioned under (i) or (ii) under the law of another State or country?

Yes – an assessment officer will contact you regarding this response.

No

Note: An associate, of a person whose suitability to hold an animal authority is being considered, means –

1. If the person is a corporation – each executive officer of the corporation; or
2. If the person is an individual – another person who –
   1. is, or is intended to be, regularly or usually in charge of the individual’s activity or business, or proposed activity or business, that relates, or is intended to relate, to the authority; or
   2. regularly directs staff for the activity or business in their duties; or
   3. is, or is intended to be, in a position to control or substantially influence the activity or business, or proposed activity or business.
3. **Applicant’s signature**

|  |  |  |
| --- | --- | --- |
| APPLICANT’S NAME | |  |
| APPLICANT’S SIGNATURE | | DATE |
| 1. **Applicant checklist**   All sections on application form completed, signed, and dated.  Supporting information attached (if applicable).  Lodged notification with the Commonwealth Government1  1 As noted above, a Commonwealth Government notification may be required if the permit relates to spectacled flying-fox (*Pteropus conspicillatus*) and/or grey-headed flying-fox (*Pteropus poliocephalus*). | Please return your completed application to:  **Permits and Licensing**  **Department of Environment and Science**  GPO Box 2454  Brisbane  Queensland 4001  Enquiries: **1300 130 372 option 4**  Email: [palm@des.qld.gov.au](mailto:palm@des.qld.gov.au) | | |

Codes of practice and guidelines referred to in this application form may be obtained from the department’s website: <https://www.qld.gov.au/environment/plants-animals/animals/living-with/bats/flying-foxes/managing-impacts-of-flying-foxes/authorised-flying-fox-roost-management> or by contacting Permits and Licensing on 1300 130 372, option 4.