



# APPLICATION FOR A STOCK ROUTE AGISTMENT PERMIT

Land Protection (Pest and Stock Route Management) Act 2002

### Details of verbal application

Date: / / Time: : am / pm  
Reason for verbal application:

To: Chief Executive Officer,  
Local Government of \_\_\_\_\_

**Is this a new application?** *(tick appropriate box)*

New application

Application for renewal Current permit no.: \_\_\_\_\_ Date of issue: \_\_\_\_\_

**APPLICANT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**AGISTMENT REQUEST DETAILS**

Agistment is requested from *(date)*: \_\_\_\_\_ To *(date)*: \_\_\_\_\_ No. of days: \_\_\_\_\_

Reason for agistment request *(tick appropriate box)*:

Land affected by drought  Animal husbandry to travelling stock under a stock route travel permit

Land affected by fire  Animal welfare considerations to travelling stock under a stock route travel permit

Land affected by flood  Application made in response to notice advertising agistment availability

Description of land requested for agistment:

<i>(complete where applicable)</i>	Adjoining/ intersecting	Lot	Plan	Area requested	Estimate carrying capacity
Reserve type:					
Stock route ID no.:					
Road local name:					

Have you held a stock route agistment permit within the last three (3) months for the lands described above?  Yes  No

**STOCK SCHEDULE**

No. of stock	Type of Stock/Breed	Description/Sex	Age	Horse & Cattle Brand or Sheep & Goat Brand	Approved Tail Tag/Ear Tag Number	Cattle Earmark or Sheep & Goat Earmark

Location stock usually depastured:

Freehold/Lease No: \_\_\_\_\_

Lot: \_\_\_\_\_ Plan: \_\_\_\_\_ Area: \_\_\_\_\_

Property Name: \_\_\_\_\_ Registered Owner/Lessee: \_\_\_\_\_

<b>STOCK SCHEDULE</b>	
Contact details of actual owner of stock:  Name: <input style="width: 90%;" type="text"/> Address: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> State: <input style="width: 15%;" type="text"/> Postcode: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 90%;" type="text"/> Fax: <input style="width: 90%;" type="text"/> Email: <input style="width: 90%;" type="text"/>	Contact details of person in charge/control of stock during agistment:  Name: <input style="width: 90%;" type="text"/> Address: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> State: <input style="width: 15%;" type="text"/> Postcode: <input style="width: 15%;" type="text"/> Telephone: <input style="width: 90%;" type="text"/> Fax: <input style="width: 90%;" type="text"/> Email: <input style="width: 90%;" type="text"/>

<b>PEST &amp; DISEASE DECLARATION</b>
Have the stock been in contact with any declared pest plants in the immediate proceeding seven (7) days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the location, length of time and species of plants: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
Do you consider these stock to be free, internally and externally, of all reproductive material of any declared pest plant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the scheduled stock free of all notifiable and prescribed diseases as defined by the <i>Stock Act 1915</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list afflictions: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>

<b>PUBLIC LIABILITY INSURANCE DECLARATION</b>
Applicants must possess a public risk policy of insurance with a reputable insurer for an amount of at least \$10 Million showing the Chief Executive of the Department of Environment and Resource Management as an interested party. The underwriters must indemnify the State of Queensland (acting through the Department of Environment and Resource Management) and the local government.
Local government will need to view the policy before a permit is granted.
Name of insurer: <input style="width: 45%;" type="text"/> Policy no.: <input style="width: 45%;" type="text"/>
Insured amount: <input style="width: 45%;" type="text"/> Policy expiry date: <input style="width: 45%;" type="text"/>

<b>DECLARATION</b>
<i>I hereby certify that the details contained within this application are true and correct and that I am authorised to act on behalf on the owner of the stock regarding this application for agistment.</i>
Signature of applicant: <input style="width: 60%;" type="text"/> Date: <input style="width: 30%;" type="text"/>

<b>OFFICE USE ONLY</b>						
Application <input type="checkbox"/> Refused    Date decided: <input style="width: 15%;" type="text"/> Reason: <input style="width: 40%;" type="text"/>						
<input type="checkbox"/> Granted    Permit No.: <input style="width: 20%;" type="text"/> Date Issued: <input style="width: 20%;" type="text"/>						
<b>Stock Route Agistment Permit Fees</b>						
Size	Type	Number	Fee/head/week		No. of weeks	SubTotal
Large	Cattle		@		@	
	Horses		@		@	
	Other		@		@	
Small	Sheep		@		@	
	Goats		@		@	
	Other		@		@	
<b>Fee payable</b>						