

Application Pest Management Program

Form Preview

Guidelines

* indicates a required field

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to assess and process applications under the Pest Management Program. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Please refer to the Pest Management Program guidelines and the over-arching Council Policy by clicking [here](#) prior to completing this application form.

For further information please phone Council on 1300 268 624 to speak with Council's Natural Resource Management Officer.

Please refer to the Pest Management Program Guidelines prior to completing this application form.

For further information phone Council on **1300 268 624** to speak with a member of the Rural Services Team.

I have read the Pest Management Program Guidelines prior to completing this application and confirm that to the best of my knowledge this application meets eligibility requirements.

By clicking proceed I confirm that I am legally authorised to make this application on behalf of the Pest Group for which this application is being lodged.

Confirmation *

Proceed

Details

* indicates a required field

Applicant Details

Pest Group Name *

Organisation Name

Status

Is this a newly formed Pest Management Group?

- Yes
 No

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Map

Please upload a map of the proposed Pest Management Group

Attach a file:

Person making this application on behalf of the pest group

Name *

Title

First Name

Last Name

Phone Number *

Email *

Mobile Number *

Project Description

Project Title

Short project description

Provide a short description (100 words recommended) of your project - what is the need for your project?

Please outline any contact you have made with neighbouring Pest Management Groups in relation to this project?

Start date

Must be a date.

Must be at least two weeks after submission date

Completion Date

Must be a date.

What is this application for? *

- Feral Pig Control (Research Trial)
- Feral Pig Control (General)

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Feral Pig Control

* indicates a required field

Please attach a listing of all Landholders involved in the project and their Lot and Plan information (Excel Document) *

Attach a file:

How many coordinated Aerial Shoots has this Pest Management Group completed within the current financial year? *

Must be a number.

Does your group intend to undertake further coordinated control in the current financial year? (Other than the currently proposed project) *

- Yes
 No

If this application is not approved will the coordinated control still occur? *

- Yes
 No

Do you have a designated Aerial Shooting Contractor? *

- Yes
 No

Please note that preference will be given to local (WDRC) contractors

Name of Aerial Shooting Contractor

Name of Aerial Shooting Contractor *

Please upload the Certificate of Currency for Public Liability Insurance for the Aerial Shooting Contractor *

Attach a file:

No designated Aerial Shooting Contractor

Please contact a member of Council's Rural Services Team for contact details of Aerial Shooting Contractors

Agreement

* indicates a required field

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I confirm that:

- 1.The details in this application and any attachments are lawfully true and correct; and
- 2.I have been legally authorised to make this application on behalf of the Pest Management Group for which this application is being made; and
- 3.The applicant/contractor named in this application accepts all legal and financial responsibility associated with this application and any funds granted should this application be successful.

*

Agree