

APPLICATION TO POSSESS AND USE A SCHEDULE 4, 7 or 8 POISON

Chief Poisons Inspector
Department of Health and Families
PO Box 40596
CASUARINA NT 0811

Phone: (08) 8922 7341
Fax: (08) 8922 7200

I hereby apply under the provisions of the *Poisons and Dangerous Drugs Act* to possess and use a scheduled substance. In support of my application I submit the following information:

NAME OF POISON	
NAME OF APPLICANT [in full]	
DATE OF BIRTH / /	
RESIDENTIAL ADDRESS	BUSINESS POSTAL ADDRESS
TELEPHONE	TELEPHONE
EMAIL	EMAIL
FULL ADDRESS(ES) at which the poison will be stored and used	
1	
2	
3	
STORAGE specify where on the premises the poison(s) will be stored and brief details of security arrangements	
PURPOSE FOR WHICH REQUIRED	
PROFESSIONAL QUALIFICATIONS (if applicable)	SUPERVISING VETERINARIAN (veterinary drugs only)
NAME OF BUSINESS (if applicable)	NATURE OF BUSINESS (if applicable)
I understand that the holder of this authorisation must comply with the provisions of the <i>Poisons and Dangerous Drugs Act</i> and is responsible for the control and use of that poison.	
APPLICANT'S SIGNATURE	DATE...../...../20.....