ALO 48866 — Level 2

Christeson Kim

From: Paul Smith Sch 4 - Personal information

Sent: Thursday, 26 September 2013 10:40 AM

To: PALM

Cc: Horton Jean

Subject: Application 26-9-13

Attachments: Sch 4 - Personal information - Shooters Lic Exp 9-8-18 (frt n bk).pdf; Signed Application 26-9-13 Wahoonga Holdings Pty Ltd_0001.pdf; Supporting Photos Wahroonga Holdings.docx; Firearms Licence Sch 4 - Personal information Exp 2017.pdf; Firearms Licence Sch 4 - Personal information Exp 2017.pdf

Good Morning

Please find attached application with supporting photos and copies of firearms licences x3.

Regards
Donna

Paul Smith
Director
NQ Feral Pig Management Solutions P/L
Telephone: Sch 4 - Personal information
Fax: 07 40886 354

Boar Busters
Nth Qld Feral Pig Management Solutions Pty Ltd

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RTI DL RELEASE - EHP

Application form

Department of Environment and Heritage Protection
www.ehp.qld.gov.au ABN 46 640 294 485

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Applicant information

A wildlife authority may only be granted to an individual or corporation (only if the corporation has an office within Queensland). Please tick the appropriate box:

FORMCHECKBOX **AN INDIVIDUAL→ Complete** Section 1 **applicant details — then complete sections 3 to 11**

FORMCHECKBOX **A CORPORATION →** **Complete** Section 2 **applicant details — then complete sections 3 to 11.**

Applicant details for an individual

APPLICANT'S FAMILY NAME FORMTEXT		TITLE FORMTEXT
APPLICANT'S GIVEN NAME/S FORMTEXT		DATE OF BIRTH FORMTEXT
RESIDENTIAL ADDRESS (NOT A POST OFFICE BOX) FORMTEXT		POST CODE FORMTEXT
TELEPHONE (BUSINESS HOURS) FORMTEXT	MOBILE FORMTEXT	FACSIMILE FORMTEXT
TELEPHONE (AFTER HOURS) FORMTEXT		EMAIL FORMTEXT
POSTAL ADDRESS (WRITE 'AS ABOVE" IF SAME AS RESIDENTIAL ADDRESS) FORMTEXT		POST CODE FORMTEXT

Application details for corporations

REGISTERED LEGAL ENTITIY NAME (NOT A BUSINESS TRADING NAME) FORMTEXT Wahoonga Holdings Pty Ltd	
TRADING NAME/S (IF APPLICABLE) FORMTEXT	
REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX) FORMTEXT 17 Webb Rd, Sunshine Beach, Qld	POST CODE FORMTEXT 4567
TELEPHONE (BUSINESS HOURS) FORMTEXT 07 5447 3765	FACSIMILE FORMTEXT 07 5474 9139
EMAIL FORMTEXT	WEBSITE FORMTEXT
Sch 4 - Personal information	
POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME AS RESIDENTIAL ADDRESS) FORMTEXT As above	POST CODE FORMTEXT
ABN / ACN / AN, OR TITLE AND SECTION OF LEGISLATION UNDER WHICH CORPORATION HAS LEGAL STATUS FORMTEXT 25 548 196 301	
NAME OF PRINCIPAL OF CORPORATION FORMTEXT Mr Murray Charlton	
SIGNATURE OF PRINCIPAL OF CORPORATION (or person authorised to sign on their behalf)	DATE FORMTEXT

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Details of nominated person in charge where the licensed activity is to be undertaken

NOMINATED CONTACT PERSON'S FAMILY NAME FORMTEXT Sch 4 - Personal information	TITLE FORMTEXT Mr
NOMINATED CONTACT PERSON'S GIVEN NAME/S FORMTEXT Sch 4 - Personal information	DATE OF BIRTH FORMTEXT Sch 4 - Personal information
RESIDENTIAL ADDRESS (NOT A POST OFFICE BOX) FORMTEXT Sch 4 - Personal information Mission Beach Qld	POSTCODE FORMTEXT 4852
TELEPHONE (BUSINESS HOURS) FORMTEXT Sch 4 - Personal information Sch 4 - Personal information	MOBILE FORMTEXT Sch 4 - Personal information Sch 4 - Personal information	FACSIMILE FORMTEXT 4088 6354
TELEPHONE (AFTER HOURS) FORMTEXT Sch 4 - Personal information	EMAIL FORMTEXT Sch 4 - Personal information
POSTAL ADRESS (WRITE "AS ABOVE" IF SAME AS RESIDENTIAL ADDRESS) FORMTEXT PO Box 7, Mission Beach Qld	POSTCODE FORMTEXT 4852

Have you previously held this type of permit?

This may include permits in other States.

Yes FORMCHECKBOX No FORMCHECKBOX If yes, state the permit number (if known) FORMTEXT WIMP08118610 & WIMP 12674713

Provide the name(s) of the persons(s) operating under this permit

FAMILY NAME FORMTEXT Sch 4 - Personal information	GIVEN NAME FORMTEXT Sch 4 - Personal information
FAMILY NAME FORMTEXT Sch 4 - Personal information	GIVEN NAME FORMTEXT Sch 4 - Personal information
FAMILY NAME FORMTEXT Sch 4 - Personal information	GIVEN NAME FORMTEXT Sch 4 - Personal information
FAMILY NAME FORMTEXT	GIVEN NAME FORMTEXT
FAMILY NAME FORMTEXT	GIVEN NAME FORMTEXT

What is your reason for applying for this permit? **(e.g. damage to pastures, grains, crops, threat to human health and well-being etc.)**

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STATEMENT OF REASONS

FORMTEXT Approximately two thousand Agile Wallabies are residing on an adjoining abondoned neighbouring property and National Park. These animals are entering the maintained subject property to forage. They represent a significant environmental concern, not only for the subject propertyand nieghbouring National Park, but also for the adjoining rural township of South Mission Beach. Please refer to attached photos to see erosion and weed spread caused by these Agile Wallabies.

The concentrated number of Agile Wallabies are causing sections of established pasture to be eaten away to dirt exposing soil and allowing excessive weed growth. Weed seed spread is being exerabated by the sheer number of animals moving within the property boundary an into adjoining property, and the Hull River National Park.

Parasites such as ticks are being moved by these wallabies resulting in additional control measures for tick control for the stock on the property.

Water quality and creek bank erosion increasing during the upcoming wet season due to the high concentration of Agile Wallabies within creek bank areas will cause further erosion and water being contaminated with fecies.

Revegetation efforts such as tree planting and fencing are being destroyed.

Constant fence maintenance is required to prevent Agile Wallabies from digging under boundary fences and entering property.

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Outline monetary loss experienced

FORMTEXT Weed control expenses $15000

Cattle Tick control costs $1200

Pasture regenration costs $10000

Maintaining boundary fences $3000/year

Revegetaion tree planting $18750

What previous damage mitigation method(s) have you tried (if any) and was this successful?

PREVIOUS METHOD/S

FORMTEXT Successful control measures applied upon issue of DMP in 2006
Successful control measures applied upon issue of DMP in 2009

Successful control measures applied upon issue of DMP in 2010/2011

Control measures applied upon issue of DMP WIMP11791012 in 2012

Control measures applied upon issue of DMP WIMP12674713 in 2013

Activity location

Where will the activities be conducted? Provide the street address, real property description(s) of the land(s) in which the project is located and local government area. If you require more space, attach a separate sheet.

STREET ADDRESS

FORMTEXT Explorer Drive, South Mission Beach, Qld, 4852

LOT	PLAN
FORMTEXT Lot 2	FORMTEXT SP 158022

LOCAL GOVERNMENT AREA

FORMTEXT Cassowary Coast Reginal Council

If possible provide a specific location, a property name or an attached map with the location clearly delineated. Also include the map name/details.

SPECIFIC LOCATION/PROPERTY NAME

FORMTEXT Lugger Bay, Explorer Drive, South Mission Beach

GEOGRAPHICAL COORDINATES

FORMTEXT

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Wildlife details

What wildlife does the application refer to?

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

COMMON NAME	SCIENTIFIC NAME	QUANTITY
FORMTEXT Agile Wallabies	FORMTEXT Macropus Agilis	FORMTEXT 250
FORMTEXT	FORMTEXT	FORMTEXT
FORMTEXT	FORMTEXT	FORMTEXT
FORMTEXT	FORMTEXT	FORMTEXT
FORMTEXT	FORMTEXT	FORMTEXT
FORMTEXT	FORMTEXT	FORMTEXT

Important information for applicants

This form is to be used to apply for a damage mitigation permit for the purpose of culling and dispersal of wildlife. Information requested will enable your application to be processed as prescribed by the *Nature Conservation Act 1992.* A damage mitigation permit may be granted for a maximum period of six months, unless you operate under an approved property management plan (PMP), when it may be granted for a maximum period of three years. If you wish to submit a PMP for approval and receive a damage mitigation permit for up to three years please contact Permit and Licence Management on 1300 130 372 for the appropriate PMP template form to accompany this application. Your application must be assessed and a permit 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 completing your application please read the information materials included with your application kit. Before lodging this application you should be familiar with the requirements of the Nature Conservation Act available from the Office of the Queensland Parliamentary Counsel website HYPERLINK "http://www.legislation.qld.gov.au" http://www.legislation.qld.gov.au. If you have queries about how to complete this form correctly or need guidance contact the Permit and Licence Management on **1300 130 372**.

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What are the approximate start and completion dates of the project?

START DATE	FINISH DATE
FORMTEXT 05-9-13	FORMTEXT 04-3-14

Weapons Act licence number

If you intend to use a firearm to take wildlife please give your Weapons Act licence number and attach a photocopy of your licence or have your licence sighted and your application witnessed by a Queensland Parks and Wildlife Service officer, a Queensland Police Officer or a Commissioner for Declarations/ Justice of the Peace.

Licence details

NAME ON LICENCE	FORMTEXT Sch 4 - Personal information
LICENCE NUMBER	FORMTEXT Sch 4 - Personal information

Witnessing officer (Not required if a copy of your Weapons Act licence is attached)

SIGNATURE	TITLE
	FORMTEXT
FAMILY NAME	
FORMTEXT	
GIVEN NAME/S	
FORMTEXT	

If you require additional space, attach a separate sheet of Weapons Act licence details.

Applicant suitability

The permit may be granted if the applicant is an appropriate person to hold the permit, that is, if the applicant has the ability to carry out activities under the authority in a competent and ethical way.

QUESTIONS	DETAILS

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1. During the past 10 years have you ever (in Queensland or elsewhere) been found guilty of any criminal offence or entered a plea of guilty in a Court? (Note: does not include simple traffic offences such as parking, speeding). If yes, provide details of the offence/s.	FORMCHECKBOX YES FORMCHECKBOX NO	FORMTEXT
2. Have you ever had an equivalent permit from another State, Territory or country that was suspended and/or cancelled? If yes, provide details about the permit, the date it was suspended and/or cancelled and reasons for suspension/ cancellation.	FORMCHECKBOX YES FORMCHECKBOX NO	FORMTEXT

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Declaration

Note: If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.

I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true.

I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

APPLICANT'S NAME FORMTEXT Murray Charlton	
APPLICANT'S SIGNATURE Sch 4 - Signature	DATE FORMTEXT 26.9.13

IF THE APPLICANT IS A CORPORATION, PLEASE INDICATE YOUR POSITION IN THE CORPORATION

FORMTEXT

Applicant checklist

FORMCHECKBOX	Application form completed, signed and dated
FORMCHECKBOX	Supporting information and accreditation attached (if applicable)

Please return your completed application kit to:
Permit and Licence Management
Department of Environment and Heritage Protection
GPO Box 2454
Brisbane
Queensland 4001

Enquiries: **1300 130 372**
Facsimile: (07) 3896 3342
Email: HYPERLINK "mailto:palm@ehp.qld.gov.au" palm@ehp.qld.gov.au

Code of Practice or guidelines may be obtained from the EHP website HYPERLINK "http://www.ehp.qld.gov.au" http://www.ehp.qld.gov.au or by contacting the EHP Referral Centre on 1300 130 372.

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Application form
Damage mitigation permit (culling and dispersal of wildlife)

Department of Environment and Heritage Protection

Section 12(a) – *Nature Conservation (Administration) Regulation 2006*

OFFICIAL USE ONLY

DATE RECEIVED

Damage mitigation permit (culling and dispersal of wildlife)

FILE REF

PROJECT REF

COMPLETE FORM CORRECT AA

COMPLETE FEE

ADMINISTERING DISTRICT

ENTERED BY [SIGNATURE]

DATE

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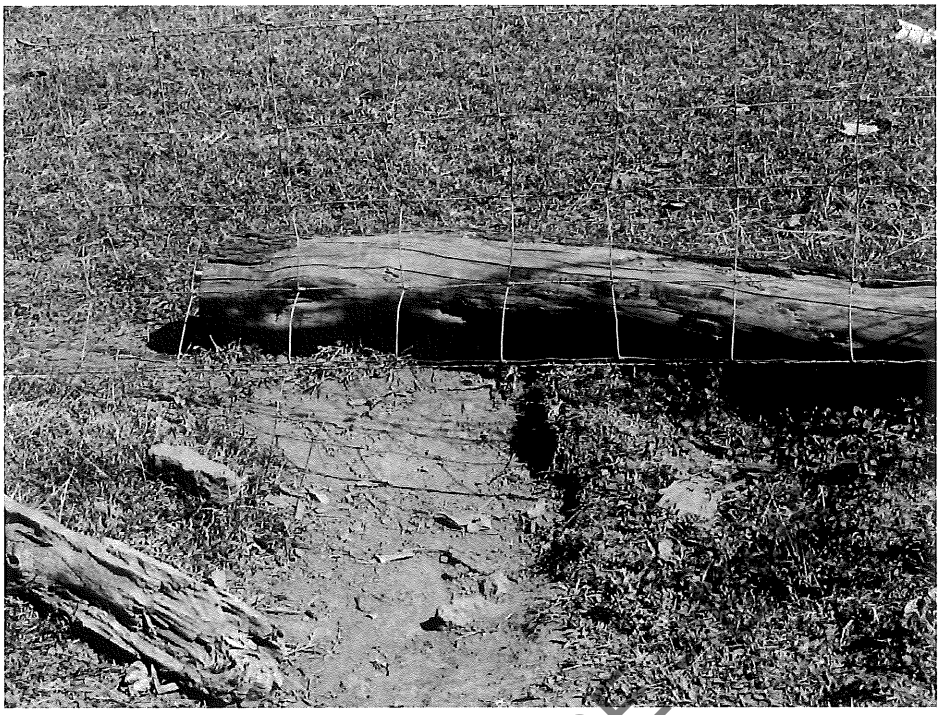
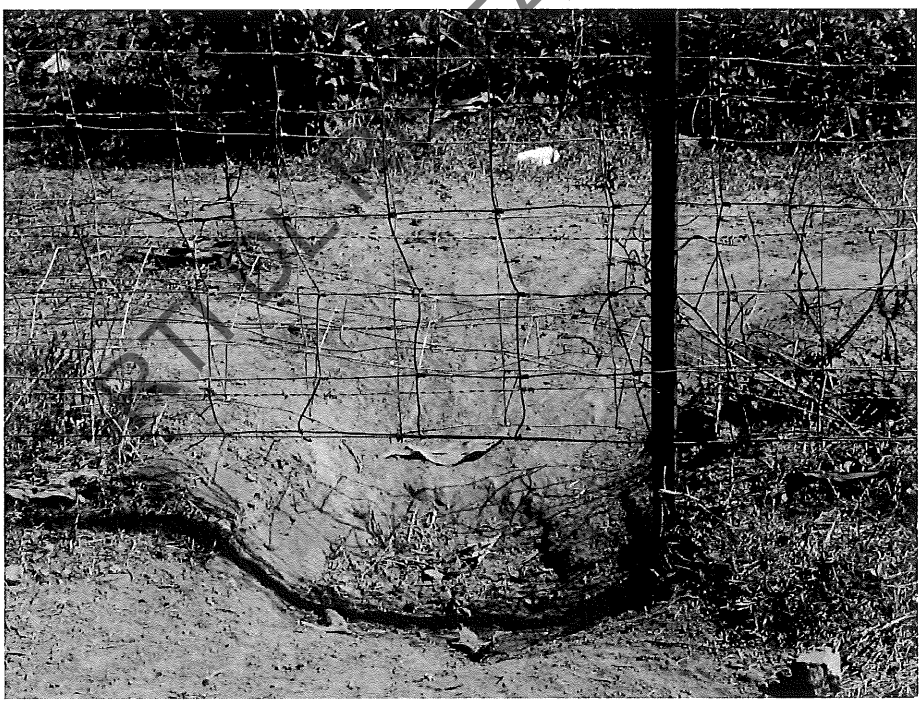
Supporting Agile Wallaby DMP Photos Wahroonga Holdings.





Agile Wallabies digging under boundary fence line

Tree plantings for revegetation stripped bare from Agile Wallabies

Pod of Agile Wallabies resting in midday shade

Senna obtusifolia (Sickle Pod) spread by Agile Wallabies

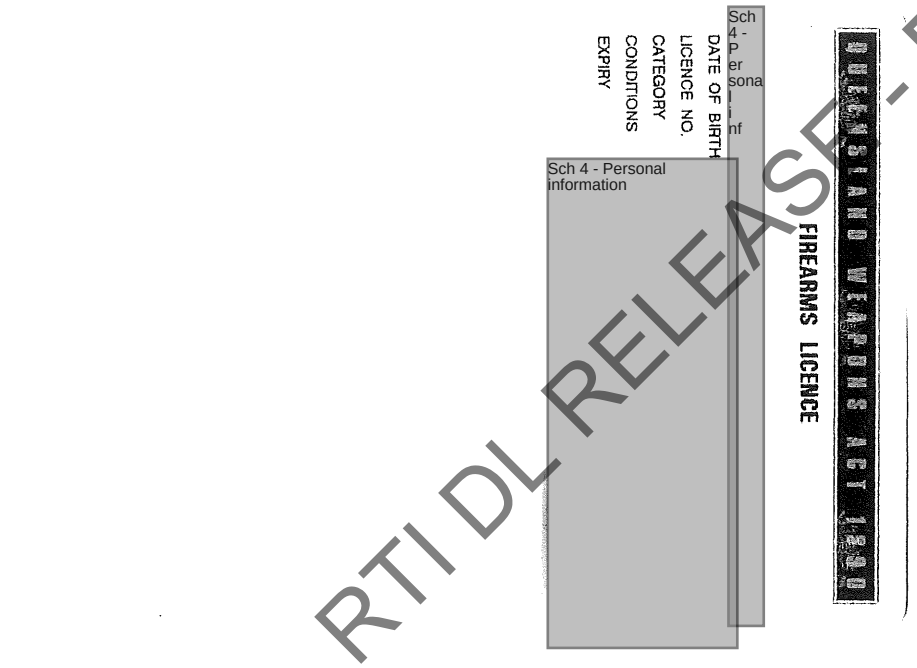
Juvenile Senna obtusifolia growing amongst pasture

Erosion and pasture destruction caused by Agile Wallabies

Senna obtusifolia on abandoned adjoining property

Senna obtusifolia seeds stuck to Agile Wallaby fur

RTI DISCLOSURE



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QUEENSLAND WEAPONS ACT 1990

FIREARMS LICENCE

Sch 4 - Personal information

Sch 4 - Personal information

DATE OF BIRTH

LICENCE NO.

CATEGORY

CONDITIONS

EXPIRY

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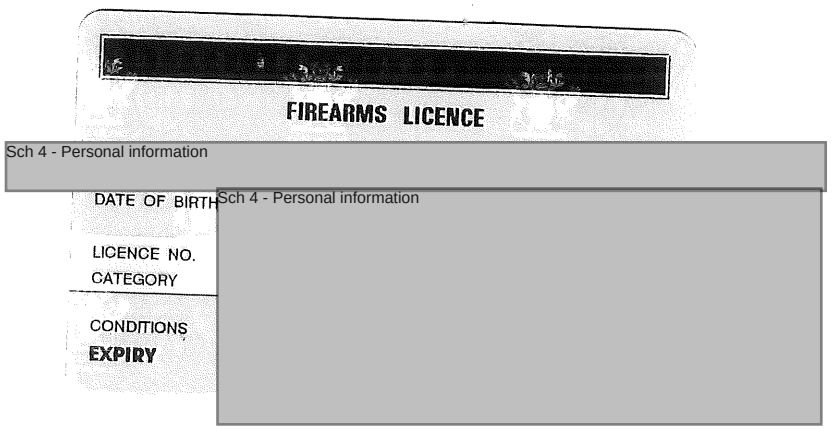

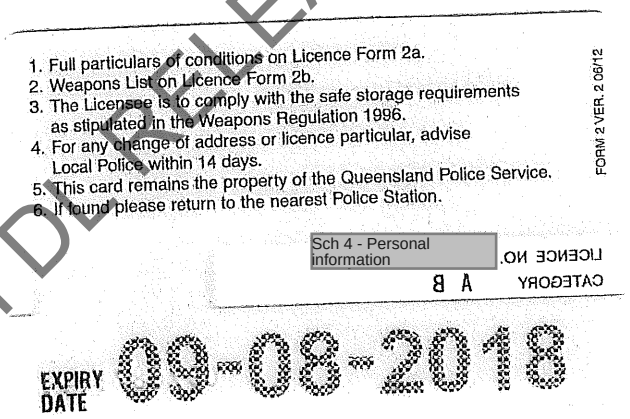

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