

**Please return completed forms to:**

Brands Registration Office

PO Box 1231 Bunbury WA 6231

Telephone: 1300 926 547

Email: brands.bunbury@dpird.wa.gov.au

Website: [www.dpird.wa.gov.au](http://www.dpird.wa.gov.au)



**Application for transfer of identifiers and PICs**

Biosecurity and Agriculture Management *(Identification and Movement of Stock and Apiaries) Regulations 2013* (BAM (IMSA) Regulation).

|  |
| --- |
| Applicant details (original owner to complete) |
| **Owner/Company** |  |
| **Trading as** |  |
| **Postal address** |  |
| **Residential/Business address** |  |
| **Phone** |  |
| **Mobile** |  |
| **Email** |  |

|  |
| --- |
| Identifiers to be transferred |
| **Property identification code (PIC) or** |  |
| **Buyer Identification Code (BIC)** |  |
| **Brand** |  |
| **Earmark** |  |
| **Registration number & pig tattoo** |  |
| **Hive identifier** |  |

|  |
| --- |
| Declaration |
| By signing this form,I request the above registration and allotted identifiers be transferred.I declare that I hold the requisite authority to execute this form.I declare that the information provided in this form and supporting document is true, correct and complete.I acknowledge it is an offence pursuant to Regulation 211 of the BAM (IMSA) Regulation to provide false or misleading information in an application. |
| **Full Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Person two (if applicable)** |
| **Full Name** |  |
| **Position** |  |
| **Signature**  |  |
| **Date** |  |

*When a registration is held under joint/multiple names, all parties must sign this form.*

*Where a party is deceased, only the Executor of the will can sign on behalf of the deceased.*

|  |
| --- |
| Witness to signatures |
| Signatures are to be witnessed by an authorised person under the Oaths, Affidavits and Statutory Declarations Act 2005. |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| Applicant details (new owner to complete) |
| **Owner/Company** |  |
| **Trading as** |  |
| **Postal address** |  |
| **Residential/Business address** |  |
| **Phone** |  |
| **Mobile** |  |
| **Email** |  |

|  |
| --- |
| Contact person (new owner to complete) |
| **Surname** |  |
| **Given name(s)** |  |
| **Phone** |  |
| **Mobile** |  |
| **Email** |  |

|  |
| --- |
| Property details |
| If more than two properties are to be recorded, please include extra copies of these pages. All properties where you intend to keep stock must be recorded. The lot and survey plan number or pastoral lease or reserve number must be provided (e.g. Lot 1 Plan 123 or Pastoral lease 3116/114) at the location details section. |
| **Property one** |
| This section **must** be signed by the owner of the property or an authorised representative of the property owner not the applicant.Proof of authorisation provided  (please tick to confirm) |
| **Property owner** |  |
| **Previous owner** (if property was bought during past year) |  |
| **Property name** |  |
| **Road** |  |
| **Location details** (see above). You may attach a list or copies of title deeds or rates notice if preferred. |  |
| **Shire** |  |
| **Town/locality** |  |
| Small landholder (less than 100 hectares):  Yes  No (please tick to confirm) |
| I declare that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the owner of the above property/authorised representative and I give permission for stock identifiers/PIC to be registered for use on it. |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| Property two |
| This section **must** be signed by the owner of the property or an authorised representative of the property owner not the applicant.Proof of authorisation provided  (please tick to confirm) |
| 1. Is this property to be operated in conjunction with above property?  Yes No
2. Will only stock owned by this applicant be on this property?

 Yes  No1. Are you agisting stock on this property?

 Yes  No |
| **Property owner** |  |
| **Previous owner** (if property was bought during past year) |  |
| **Property name** |  |
| **Road** |  |
| **Location details** (see above). You may attach a list or copies of title deeds or rates notice if preferred. |  |
| **Shire** |  |
| **Town/locality** |  |
| Small landholder (less than 100 hectares):  Yes  No (please tick to confirm) |
| I declare that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the owner of the above property/authorised representative and I give permission for stock identifiers/PIC to be registered for use on it. |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| Numbers of livestock |
|

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cattle** | **Buffalo** | **Sheep** | **Goats** | **Horses** | **Pigs** | **Camelid** | **Deer** | **Poultry** | **Emu** | **Ostrich** |
|  |  |  |  |  |  |  |  |  |  |  |

 |

*While the provision of this information is not mandatory, it is strongly recommended as it will assist DPIRD to provide effective biosecurity and agriculture management for the State.*

|  |
| --- |
| Declaration (new owner to complete) |
| By signing this form,I declare that I hold the requisite authority to execute this form.I declare that the information provided in this form and supporting document is true, correct and complete.I acknowledge it is an offence pursuant to Regulation 211 of the BAM (IMSA) Regulation to provide false or misleading information in an application. |
| **Full Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| Payment options |
| **In Person:*** Cheque at DPIRD offices in Albany, Bunbury, Geraldton, Katanning, Moora, Narrogin, Northam.
* Credit Card, Eftpos at DPIRD office Bunbury only.

**By Post – credit card or cheque to:**  Department of Primary Industries and Regional DevelopmentPO Box 1231 BUNBURY WA  6231   Please make cheque payable to ‘Department of Primary Industries and Regional Development’**By Email:** **brands.bunbury@dpird.wa.gov.au**Complete the below section if paying by credit card (please note, AMEX cannot be processed)Please ensure to fill out all sections of the below credit card form.**Over the phone – eftpos, credit card:**DPIRD office Bunbury 1300 926 547 |
| **Cardholder name** |  |
| **Card number** |  |
| **Expiry date** |  |
| **Signature** |  |
| **Amount payable** | $82.57 (excluding GST) |