

Drugs and Poisons Form: Strychnine - Permit Application

IMPORTANT NOTES FOR THE APPLICANT:

1. A person must not obtain, possess or use strychnine in Queensland unless s/he is:
 - is the holder of a current Strychnine Permit issued by Queensland Health; or
 - is endorsed to obtain, possess and use strychnine under the *Health (Drugs and Poisons) Regulation 1996*.
2. The applicant must provide the following documentation with this application form:
 - photographic proof of his/her identity (eg. photocopy of current driver's licence or passport); **and**
 - a local government rates notice; or
 - lease notice;
 - map of the property/ies indicating proposed baiting or lethal trapping sites and relevant details (see LOCATION(S) FOR STRYCHNINE USE, below);
 - owner consent letter (if applicant is occupier or lessee. See STATUS).
3. Each page of **all photocopied** documents that are submitted in support of this application must bear the original signature of a Justice of the Peace or Commissioner for Declarations. (Queensland Health will not accept documents that bear a photocopied or facsimile copy of the certification and/or signature).
4. The Drugs and Poisons Policy and Regulation Unit must receive the application form bearing the original signature(s) of the applicant(s), before a permit can be issued.
5. Refer to: [Drugs and Poisons Fact Sheet: Strychnine - Permit Application Guide](#) for assistance in completing this application form.

COMPLETE ALL SECTIONS IN FULL Please use BLOCK letters

SURNAME/S (Include maiden name if female):

GIVEN NAME/S (Do not use abbreviations):

COMPANY NAME (Do not use abbreviations):

The permit will be issued in the names recorded above.

ACN:

PERSONAL DETAILS (must be completed)

Date of birth:

Telephone:

Fax:

Email:

Local Government area:

RESIDENTIAL ADDRESS

Street number and name:

Suburb/town:

State:

Postcode:

PRIVATE POSTAL ADDRESS (if different from above)

Postal address:

Suburb/town:

State:

Postcode:

STATUS

Are you: Owner Occupier/lessee

If you are the occupier or lessee (and not the owner), attach an "owner consent letter" - a letter signed by the owner(s), stating that you have permission to undertake a baiting program on their property/ies. In addition, this letter must include the owner's contact details.

PURPOSE FOR USE

1. For what purposes is the strychnine required?

(provide full details)

2. Prior to making this application, has a coordinated fluoroacetic acid (1080) baiting program (facilitated free of charge by the Department of Primary Industries & Fisheries) been attempted? Yes No

(If answering 'Yes' please provide details regarding the last time this method was used. If answering 'No' please state the reasons why).

STORAGE/SECURITY DETAILS

3. What is the location of where the strychnine will be stored?

Premises name:

Street number and name:

Suburb/town:

State:

Postcode:

Real property description (lot, plan, parish):

4. Please describe the storage facility at this place.

(Note. Storage must be under lock and key)

LOCATION FOR STRYCHNINE USE

5. Where is the strychnine to be used? (provide full details)

Property name/s:
Location address/es:
Real property description (lot, plan, parish):
Property size:

6. What is the approximate distance between the areas where strychnine will be used and the nearest dwelling (excluding the applicant's own dwellings on property/ies where baiting or lethal trapping is proposed)?

7. What is the approximate distance between the place where strychnine will be used and the nearest township/settlement?

8. Attach a map (drawn to scale) of the property/ies where baiting or lethal trapping is proposed, that includes the following (where applicable):

- indicate areas where baiting will take place (shade in);
- roads and tracks (indicating those to be used for poison distribution);
- location of dwellings (own and adjacent) (X);
- constructed recreational sites (◆);
- proposed location of all poison warning signs (▲) (at the main entrance and entrance nearest proposed baiting site/s);
- public access, highlighting public entry points; and
- water bodies and water courses.

TERM OF PERMIT

9. Over what period of time is the strychnine required?
(Requests for periods exceeding two years will not be approved)

_____ years

10. Please state the proposed period/s when strychnine baits or lethal traps will be laid or set (eg early April and late September)

QUANTITY OF STRYCHNINE REQUIRED

11. What quantity of strychnine is required?
(Quantities in excess of 200 grams will not usually be approved.)

_____ grams

12. Please state your proposed supplier of strychnine.
(Include business name, address, telephone and fax of the supplier).

DISCLOSURE

13. Are you the holder of any other permits to obtain, possess and use strychnine? Yes No
If yes, please give details of permit numbers, expiry dates and amounts of strychnine endorsed on the permit/s.

14. What quantity (approximate) of strychnine (if any) do you have currently in your possession?

_____ grams

15. Have you:

- a) been convicted of a criminal offence in the last five years? Yes No
- b) been convicted of an offence under the *Health Act 1937* or subordinate legislation? Yes No
- c) held a permit under the *Health (Drugs and Poisons) Regulation 1996* that was suspended or cancelled? Yes No
- d) ever been refused a permit to obtain, possess or use strychnine? Yes No

(If answering yes to any of the above questions in this section, please give details. You can attach documentation to this application).

DECLARATION

- I/We hereby apply for a permit under section 18(1) of the *Health (Drugs and Poisons) Regulation 1996* to obtain, possess and use strychnine and I/we declare that:
 - the strychnine will not be resold;
 - the strychnine will only be used for the purposes stated in this application (above);
 - the strychnine will only be stored at the premises described in this application (above).
- I/We have received and read the [Drugs and Poisons Fact Sheet: Strychnine – What You Need To Know](#).
- I/We have knowledge of and fully understand:
 - my/our obligations under Chapter 4 Part 2 of the *Health (Drugs and Poisons) Regulation 1996* as a permit holder relating to strychnine;
 - the degree of toxicity relevant to strychnine I/we intend to use;
 - the potential health effects of strychnine on humans;
 - first aid procedures relevant to strychnine.
- I am/We are medically fit to prepare and use strychnine.
- I/We have appropriate personal protective clothing and equipment for use in preparing strychnine.
- I/We declare that the information as stated by me on this application form is true and correct.

Name(s):

Signature(s):

Date:

Position(s):

RETURN THIS APPLICATION FORM AND ALL SUPPORTING DOCUMENTS TO THE DRUGS AND POISONS POLICY AND REGULATION UNIT. See top of page 1 for contact details.