

9I



Wildlife Act Authority:

**Hold dead body or any part of
protected wildlife for Kiwi
Avoidance Training Purposes.**

Application form 9I

Using this application form

Completing the application



Save – You can save this application form to your digital device and edit or fill it in your own time.



Fill – You can fill this application digitally using Microsoft word.



Print – You can print this application form and fill it manually, or you can fill it digitally, then print it.



Submit – This application form can be submitted by email.



Email – Email your application and all the required labelled attachments to: permissions@doc.govt.nz

Important – Failure to complete this application form correctly may result in your application being returned to you seeking more information, which may extend the time it takes the Department of Conservation to process your application, or it may result in your application being declined. If you need help completing your application, please contact your local DOC office, or email permissions@doc.govt.nz

Navigation



Hints – Use the links through the hints column on the right hand side of the application form



Scroll – Simply use your mouse or keyboard arrows to scroll through the document page-by-page.

Application checklist



Have you included labelled attachments as required for your activities (including maps, testimonials, and consultations)?



Have you read the section regarding liability of the applicant for payment of fees?



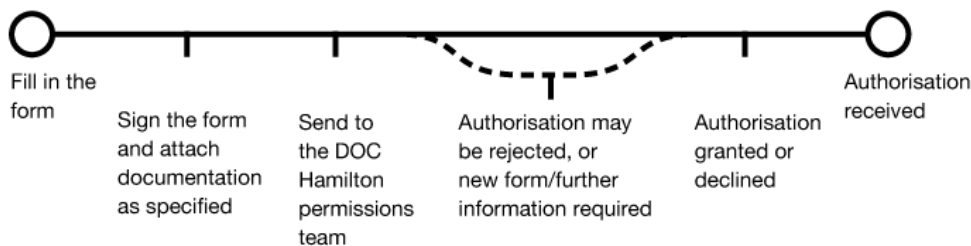
Before you start

All efforts in putting together a detailed application are greatly appreciated and will allow the Department to effectively and efficiently process your application.

! Please take the timeframes below into consideration when submitting your application.

Process

! An application is deemed complete when all information requested has been received.



Contact permissions@doc.govt.nz



Section A | Applicant details



Full name of person who will hold the Authority (registered company, institute, organisation, or individual)

! Enter your details in the white fields.

Legal status of applicant:

☐ Individual

☐ Trust

☐ Registered company

☐ Research institute

Other (specify)

! Please attach a copy of Trust Deed

Registration number (if company, trust or incorporated society)

Trading name (if different from applicant name)

Any previous Authorisations held? ☐ Yes ☐ No

If yes, provide Authority number

Postal address

Street address (if different from postal)

! You must provide a New Zealand address for service.

Registered office of company or incorporated society (if applicable)

Phone

Website

Contact person and role

Phone

Mobile

! Please fill these fields for your authorised contact person.

Email

Section B | Activities



1. To hold the dead body or any part of the dead body of protected wildlife

Provide a summary of what you want and why, include where the specimen(s) were/will be obtained from (e.g. DOC District Office):

! Attach your proposal here and label as B.1

2. Species name

List the common and scientific name/s of all protected species for which the authorisation is sought

Ingoa Māori/Common name

Scientific name

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.



Section B (continued) | Activities

3. Authorisation term and activity timeframes

Agreements of this nature have a standard term of ten years and rolling on thereafter. Alternately, Specify the start and end dates you would like your proposed agreement to cover.

Term:

! If you apply for more than 10 years, processing may take longer as longer term impacts will need to be assessed and there may be additional legal requirements.

4. Location where the body or part(s) of the body will be held

Provide the address and/or location where the dead body is to be held or stored.

Address/location:

! See Authorisations and Special Conditions [for your information.](#)

Section C | Iwi and Hapū support

Applications require support from local Mana Whenua. Please attach endorsement letters from iwi or hapū. Otherwise, the Department can consult on your behalf.



Section D | Fees

Please note

The Department does not charge processing fees for non-commercial agreements for Kiwi Avoidance Training purposes.

Section E | Declaration

I certify that the information provided on this application form and all attached additional forms and information is to the best of my knowledge true and correct.

Signature (applicant)

Date (dd/mm/yyyy)

! An Agreement may be varied or revoked if the information given in this application contains inaccuracies.

This application is made pursuant to Section 41 of the Wildlife Act 1953

Applicants should familiarise themselves with the relevant provisions of the Wildlife Act 1953.

The purpose of collecting this information is to enable the Department to process your application. The Department will not use this information for any reason not related to that purpose.

Applicants should be aware that provisions of the Official Information Act may require that some or all information in this application be publicly released.