Wildlife (Animals)

Educational purposes permit for native wildlife kept in a classroom

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| Nature Conservation Act 1992Nature Conservation (Animals) Regulation 2020 | A return must be submitted annually within 10 business days of the anniversary date of the licence. A return must be submitted within 10 business days after the licence ceases to have effect.A separate return must be submitted for each return period.*A nil return must be submitted even if there has not been any wildlife taken during the period.**You must keep a copy of the completed return at the premises stated in the licence.* |

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| ***Permit holder’s name:*** |       | ***Permit holder’s residential address:*** |            |
| ***Permit number:******Date permit issued:*** |       |
|       |
| ***Expiry date of permit:*** |       | ***Address where wildlife is kept:*** |            |
|  |
| ***Return for period ending*** *(tick one return period)* | [ ]  12-month period (annually) | [ ]  following expiry of licence |

# Details of animals acquired through licensed breeders or pet shops

| **Common or scientific name** **(as listed in the Nature Conservation (Animals) Regulation 2020*)*** | **Number of wildlife held at beginning of period** | **Acquisitions** | **Disposals** | **Movement permit/advice number** | **Number of wildlife held at end of period** |
| --- | --- | --- | --- | --- | --- |
| **Bred** | **Purchased, bequest etc.** | **Escapes, deaths** | **Sale, gift, giveaway etc.** |
|       |       |       |       |       |       |       |       |
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# Details of animals taken from the wild

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| **Common or *scientific name******(as listed in the Nature Conservation (Animals) Regulation 2020*)** | **Number of wildlife taken** | **Taken** | **Released** | **Escapes, deaths** |
| **Date** | **Location** | **Date** | **Location** |
|       |       |       |       |       |       |       |
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| **Please return to:** **Or email to** | Permit and Licence ManagementDepartment of Environment, Science and InnovationGPO Box 2454BRISBANE QLD 4001wildlife.operations@des.qld.gov.au  | ………………………………………………………………………….Signature of licensee: Date(If mailing return only) |