**APPLICATION FOR A PERMIT TO PURCHASE, POSSESS AND ADMINISTER NEWCASTLE DISEASE VACCINE IN VICTORIA**

**Livestock Disease Control Act 1994**

**Livestock Disease Control Regulations 2006**

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1. Name of Applicant:

2. Trading Name:

Address:

Postcode:

3. Contact details of Applicant: Phone: Fax:

4. Details of poultry enterprise(s) where vaccine is to be administered and type / doses of vaccine:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Trading name**  **and full address of**  **poultry enterprise** | **Location of property(s) – where vaccine is to be administered (use a separate line for each property)** | Number of doses required | |
| **Inactivated Newcastle Disease Vaccine** | **V4 (living) Newcastle Disease Vaccine** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| *(Attach list if space insufficient)* | | TOTAL DOSES |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Property(s) where vaccine is to be administered** | | **1** | **2** | **3** | **4** |
|  | **Property Identification Code\* (PIC)** | |  |  |  |  |
| 5. | Enterprise type *(insert in table)*  - Broiler / Breeder / Table Egg / Other (specify) | |  |  |  |  |
| 6. | Number and category  of birds on each  property:  *(insert in table)* | - Broilers |  |  |  |  |
| - Broiler Breeders |  |  |  |  |
| - Layer Breeders |  |  |  |  |
| - Table egg layers |  |  |  |  |
| - Replacement pullets |  |  |  |  |
| - Other (specify):  ………………………… |  |  |  |  |
| TOTALS |  |  |  |  |

*(Attach list if space insufficient)*  ***\* Each property with 50 or more poultry is now required to have a PIC***

7. Name of veterinary adviser(s):

8. I agree that:

* the vaccine will be administered as per the manufacturer’s directions, including observing any required withholding period.
* the vaccine will only be administered to poultry at properties nominated in this application.
* the Chief Veterinary Officer, Victoria, will be notified of any poultry which, within 24 hours after the administration, show evidence of infection with disease or which show an adverse reaction to the vaccine.
* specified records will be kept for a period of 3 years that include:
* name and address of owner of poultry and including location where the vaccine was administered
* the date of vaccination, number and details of birds vaccinated
* the name and batch details of the vaccine used
* name of person who administered the vaccine.
* the records will be made available, on request, to an Inspector of Livestock under the Livestock Disease Control Act 1994, for audit purposes.

9. Name of applicant (printed): Signature:

Date:

**Note** - If a permit is issued for the purchase, possession and use of the vaccine:

**Please fax permit** 🞏 (tick the box).

* The permit will be posted to the applicant, unless requested to be faxed.
* The permit will only be valid for 12 months, i.e., purchase and administration must occur within 12 months of the date of issue of the permit.
* The applicant will be required to provide a copy of the permit to the supplier to purchase vaccine.

**Applications for a permit should be mailed or faxed to:**

**Livestock Export Team**

**Department of Economic Development, Jobs, Transport & Resources**

**PO Box 2500**

**BENDIGO VIC 3554**

**Phone: 03 5430 4723 Fax: 03 5430 4505 Email: livestock.exports@ecodev.vic.gov.au**

|  |  |  |
| --- | --- | --- |
| **Vaccine Supplier Details:** | | |
| MSD Animal Health(Australia) Pty Ltd  Level 1-Building A, 26 Talavera Road, Macquarie Park, NSW 2113    Phone: 1800 033 461  Fax: 1800 817 414   * **Nobilis Newcavac** Inactivated Newcastle Disease Vaccine * **Nobilis NDV4 Live** Newcastle Vaccine   *or* ***“combinations”:***   * **Nobilis Gumboro+ND** Combined Inactivated Vaccine * **Nobilis EDS+ND** Combined Inactivated Vaccine | Zoetis Australia Pty Ltd  38-42 Wharf Road  WEST RYDE NSW 2114  Phone: 1800 022 442  Fax: 1800 775 358   * **Poulvac Newcastle iK** Vaccine (Inactivated) * **Poulvac Newcastle** V4   (Living) | Bioproperties Pty Ltd  36 Charter Street  RINGWOOD VIC 3134  Phone: 03 9876 0567  Fax: 03 9876 0556   * **Vaxsafe ND** Vaccine   (Living) |

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Information collected will not be given to any other third party except where required by law under the Livestock Disease Control Act 1994.

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| --- |
| For office use only   * Permit No(s) issued…………………….. * Date issued……………………………… |