Australian Government
Department of Sustainability, Environment, Water, Population and Communities

AUSTRALIAN BIRD AND BAT BANDING SCHEME

APPLICATION FOR A BANDING AUTHORITY

GPO Box 8
Canberra ACT 2601
abbbs@environment.gov.au
Ph: 02-6274 2407
Fx: 02-6274 2455

Title: _____ **Given Names:** _____ **Surname:** _____

Address:_____

_____ **Postcode** _____

Telephone: home ( ) _____ **Facsimile** ( ) _____

work ( ) **eMAIL**

- **BANDING AUTHORITY APPLIED FOR:** (circle relevant class and type): **BIRD** **BAT** **C-class** **R-class** **A-class**
- **ENDORSEMENTS APPLIED FOR**: (circle endorsement) **Level 1** (Rehabilitated birds/bats) **Level 2** (Basic capture methods) **Level 3A** (Mist nets) **Level 3B** (Cannon nets) **Level 4** (Cannon and mist nets)
- **DATE OF BIRTH** ☐☐ ☐☐ ☐☐☐☐ day month year (Applicants must be at least 14 years old to hold a C-class authority) (Applicants must be at least 18 years old to hold an A- or R-class authority)

OTHER AUTHORITIES

- Is this an **UPGRADE** of an existing ABBBS authority ? **NO** **YES** Number _____
- Is this to **RE-ACTIVATE** a cancelled ABBBS authority? **NO** **YES** Number _____
- Do you hold a banding authority from an **OVERSEAS** banding scheme? **NO** **YES** please attach copy

STATE AND TERRITORY PERMITS

- In which States/Territorities do you NOW HOLD permits to mark birds/bats (please circle and **attach a copy**):

  ACT QLD NSW NT SA TAS VIC WA Others: _____

- In which States/Territories are you SEEKING permits to mark birds/bats (please circle):

  ACT QLD NSW NT SA TAS VIC WA Others:

SUPERVISOR TO COMPLETE I agree to take responsibility for the applicant's training and banding activities.

_____ Supervisor's Signature

_____ Supervisor's Name in Block Letters

_____ ABBBS Authority No.

DECLARATION BY APPLICANT: The information I have provided in this application is correct. I acknowledge that any bird or bat banding authority issued to me by the ABBBS will be subject to conditions and requirements set by the ABBBS pertaining to banding activities, use of bird/bat bands supplied by the ABBBS, and administration of banding data.

_____ (Applicant's signature) _____/____/_____ (Date)

OFFICE USE ONLY

1. APPROVAL	2. ADVICE TO STATES	3. CONFIRMATION OF AUTHORITY
Supervisor ☐	Screen 5 Entered ☐	Permits issued by :
Referee Reports ☐	Letters Printed ☐	State: _____ No: _____
WPA Clearance ☐	Application Copied ☐	State: No:
Previous Authorities ☐	State/s Advised / /	Enrolment Confirmed (sign) / /
Authority Approved (sign) / /	Applicant Advised / /	
Number Allocated	Fees paid / /	Authority Expires / /

4. UPDATE OF SCREEN FIVE	5. ADVICE TO BANDER
Licencing details ☐	Letter and Authority produced ☐
Expiry date ☐	Bander's Manual sent ☐
Authority Active ☐	Bander's Pack sent ☐