



**AUSTRALIAN BIRD AND BAT BANDING SCHEME**

**APPLICATION FOR A BANDING AUTHORITY**

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: home ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_  
 work ( ) \_\_\_\_\_ eMAIL \_\_\_\_\_

• **BANDING AUTHORITY APPLIED FOR:** **BIRD** **BAT** **C-class** **R-class** **A-class**  
 (circle relevant class and type):

• **ENDORSEMENTS APPLIED FOR:** **Level 1** **Level 2** **Level 3A** **Level 3B** **Level 4**  
 (circle endorsement) (Rehabilitated birds/bats) (Basic capture methods) (Mist nets) (Cannon nets) (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/Territories 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**

<p><b>1. APPROVAL</b></p> <p>Supervisor <input type="checkbox"/></p> <p>Referee Reports <input type="checkbox"/></p> <p>WPA Clearance <input type="checkbox"/></p> <p>Previous Authorities <input type="checkbox"/></p> <p>Authority Approved / /  <small>(sign)</small></p> <p>Number Allocated</p>	<p><b>2. ADVICE TO STATES</b></p> <p>Screen 5 Entered <input type="checkbox"/></p> <p>Letters Printed <input type="checkbox"/></p> <p>Application Copied <input type="checkbox"/></p> <p>State/s Advised / /</p> <p>Applicant Advised / /</p> <p>Fees paid / /</p>	<p><b>3. CONFIRMATION OF AUTHORITY</b></p> <p>Permits issued by :</p> <p>State: _____ No: _____</p> <p>State: _____ No: _____</p> <p>Enrolment Confirmed / /  <small>(sign)</small></p> <p>Authority Expires / /</p>
<p><b>4. UPDATE OF SCREEN FIVE</b></p> <p>Licencing details <input type="checkbox"/></p> <p>Expiry date <input type="checkbox"/></p> <p>Authority Active <input type="checkbox"/></p>	<p><b>5. ADVICE TO BANDER</b></p> <p>Letter and Authority produced <input type="checkbox"/></p> <p>Bander's Manual sent <input type="checkbox"/></p> <p>Bander's Pack sent <input type="checkbox"/></p>	<p>abbbs\masters\applic.doc 9-Jan-08</p>