the dteea
The Department of
Tourism, Environmental and Economic Affairs
FREE STATE PROVINCE

INTEGRATED GENERAL PERMIT APPLICATION FORM

APPLICATION FOR PERMIT/S IN TERMS OF THE NATIONAL ENVIRONMENTAL MANAGEMENT: BIODIVERSITY ACT (ACT 10 OF 2004) AUTHORISING RESTRICTED ACTIVITY/-IES INVOLVING LISTED THREATENED OR PROTECTED SPECIES AND ACTIVITIES INVOLVING INDIGENOUS OR EXOTIC SPECIES MENTIONED IN THE FREE STATE ORDINANCE ON NATURE CONSERVATION (ORD. 8 OF 1969)

A. APPLICANT DETAILS:

NAME:	
IDENTITY OR PASSPORT NO:	
TEL NO:	
FAX NO:	
E-MAIL:	
POSTAL ADRESS:	**PHYSICAL ADDRESS:**

B. KIND OF PERMIT APPLIED FOR (Tick off):

	ORDINARY	**STANDING**	
	POSSESSION	**PERSONAL EFFECTS PERMIT**	
	GAME FARM HUNTING PERMIT	**NURSERY POSSESSION PERMIT**	
	RENEWAL (SUPPLY OLD PERMIT)	**AMENDMENT (SUPPLY PERMIT)**	
	INDIGENOUS SPECIES	**EXOTIC SPECIES**	

C. IF THE APPLICATION APPLIES TO A STANDING PERMIT (Tick off):

	PROVINCIAL DEPARTMENT	**NATIONAL DEPARTMENT**	
	PROTECTED AREA M.A.	**VETERINARIAN**	
	CAPTIVE BREEDING OPERATION	**SCIENTIFIC INSTITUTION**	
	SANCTUARY	**REHABILITATION FACILITY**	
	COMMERCIAL EXHIBITION FACILITY	**NURSERY**	
	GAME FARM	**WILDLIFE TRADER - GAME CAPTURER**	
	WILDLIFE TRADER - TAXIDERMIST	**WILDLIFE TRADER – CURIO DEALER**	
	WILDLIFE TRADER – LIVE GAME	**AUCTION/HOLDING PENS**	

COMPLIANCE & ENFORCEMENT DIRECTORATE
PERMIT OFFICE
Private Bag X 20801
Bloemfontein
9300
Tel +27 (0)51 400 9527
Fax +27 (0)51 400 9523
e-mail: nel@dteea.fs.gov.za

D. KIND OF RESTRICTED ACTIVITY APPLIED FOR (see section H in the case of a hunt):

	POSSESSION		**HUNT**
	CATCH		**CAPTURE**
	GATHER		**COLLECT**
	IMPORT		**EXPORT**
	TRANSPORT /CONVEY		**SELL/DONATE**
	GROW		**BREED**
	PROCESS		**OTHER (SPECIFY)**

E. PROPERTY WHERE RESTRICTED ACTIVITY (AS IN D) WILL TAKE PLACE

PHYSICAL ADDRESS:	**POSTAL ADDRESS**

F. Transport / Convey / Export / Import / Buy / Sell / Donate/ Other applicable restricted activity:

FROM:	**TO:**
ID NUMBER:	**ID NUMBER:**
PHYSICAL ADDRESS:	**PHYSICAL ADDRESS:**
TEL NO:	**TEL NO**

G. SPECIES INVOLVED:

SCIENTIFIC NAME	**COMMON NAME**	**QUANTITY INVOLVED**	**QUANTITY IN POSSESSION**	**PARTICULARS OF SPECIMEN (such as sex, size, age, markings, derivatives etc.)**

ELEPHANT AND RHINO PRODUCTS

SCIENTIFIC NAME	**COMMON NAME**	**PRODUCT**	**LENGTH**	**BASE**	**MARKINGS**

H. ADDITIONAL INFORMATION FOR HUNT:

(i) HUNTING CLIENT AND APPLICANT DETAILS (if applicable):

HUNTING CLIENT NAME:
PASSPORT NUMBER:
PHYSICAL ADDRESS:

(ii) HUNTING OUTFITTER AND PROFESSIONAL HUNTER DETAILS (if applicable):

HUNTING OUTFITTER	PROFESSIONAL HUNTER
NAME:	**NAME:**
ID NO:	**ID NO:**
TEL NO:	**TEL NO:**
PERMIT NO:	**PERMIT NO:**
EXPIRY DATE:	**EXPIRY DATE:**

(iii) DURATION OF HUNTING TRIP:

ARRIVAL DATE: (dd/mm/year)	DEPARTURE DATE: (dd/mm/year)

(iv) WEAPON AND METHOD OF HUNT:

WEAPON	METHOD

I. ADDITIONAL INFORMATION FOR STANDING PERMITS:

REGISTRATION NUMBER:	

…….. **……**

Signature of applicant **Date of application**

J. OFFICIAL USE

NAME OF INSPECTION OFFICIAL	**SIGNATURE OF INSPECTION OFFICIAL**	**DATE:**	**RECOMMENDED/NOT RECOMMENDED:**
REASONS:			

K. PERIOD OF VALIDITY OF PERMIT

FROM: (dd/mm/year)	**TO:** (dd/mm/year)

NAME OF PERMIT OFFICIAL	**SIGNATURE OF PERMIT OFFICIAL**	**DATE:**	**AMOUNT PAID**	**RECEIPT NR**	**APPROVED / REFUSED**
REASON FOR REFUSAL:					

Notes:

1. For any enquiries please contact the permit office at 051 4009526/7
2. Application must be completed in full.
3. Applications will be returned if incomplete.
4. Scientific names must be entered into appropriate spaces.
5. Application must be signed by applicant.
6. Appropriate fees must be paid before any attention will be given to application.
7. For payment procedures the permit office may be contacted at Tell. 051 – 4009526/7 or Fax 051 – 4009523 or 051- 4009538.
8. Permits are only issued on Tuesdays after they have been evaluated by the Permit Evaluation Committee.
9. Further permit motivations are allowed on a separate page if necessary.
10. This application is made up of 4/four.