## PLEASE COMPLETE AND FORWARD TO THE FAUNA PERMITS UNIT WITHIN 14 DAYS OF THE EXPIRATION OF YOUR PERMIT

Customer Service Centre: Ground Floor, 81-95 Waymouth Street, Adelaide 5000 GPO Box 1782, Adelaide, 5001

**Telephone** (08) 8124 4972 **Facsimile** (08) 8115 5594



OFFICE HOURS FOR PERMITS

Monday to Friday 9:00 am to 5:00 pm

Email: dewnrfaunapermitsunit@sa.gov.au www.wildlifepermit.sa.gov.au

## NATIVE SEED COLLECTION ANNUAL RETURN

Name of applicant:

**Annual Return Period:** 

SPECIES HARVESTED (Botanical Name)	LOCATION OF EACH HARVEST (Map or GPS coordinates must be supplied)	DATE OF EACH HARVEST PERIOD	NAME OF COLLECTOR(S)	TYPE OF MATERIAL HARVESTED (leaves, flowers, fruits, seeds, rhizomes, tubers, bulbs)	QUANTITY (grams or kilograms)	NUMBER OF PLANTS HARVESTED

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**Please Note:** If collection was for **revegetation purposes** please also supply the following information:

- Where and how the seed is being stored and the quantity (if it is being stored).
- Where the collected seed and fruit was planted (map or GPS coordinates).

SPECIES HARVESTED (Botanical Name)	LOCATION OF EACH HARVEST (Map or GPS coordinates must be supplied)	DATE OF EACH HARVEST PERIOD	NAME OF COLLECTOR(S)	TYPE OF MATERIAL HARVESTED (leaves, flowers, fruits, seeds, rhizomes, tubers, bulbs)	QUANTITY (grams or kilograms)	NUMBER OF PLANTS HARVESTED