

Application for internal review

Pursuant to section 243 of the *Exhibited Animals Act 2015*

OFFICE USE ONLY
DATE RECEIVED:
ORIGINAL APPLICATION REFERENCE NUMBER:
ORIGINAL DECISION NOTICE DATE:
DATABASE REFERENCE NUMBER:
ORIGINAL DECISION NOTICE OUTCOME:
INTERNAL REVIEW OFFICER NAME:
FURTHER OUTCOME NOTICE SENT:

Important information for applicants

Please use this application form if applying for a review of an original decision. Information requested will enable the application to be processed as prescribed by the Exhibited Animals Act 2015 (the Act).

The Department of Agriculture and Fisheries is collecting personal information for the purposes of assessing the internal review application as per the provisions of the Act. Information provided to the Department is subject to release under s256 of the Act or as required by law.

Applicants should be familiar with the requirements of the Exhibited Animals Act 2015 before lodging this application. It is the applicant's responsibility to ensure the requirements under the Exhibited Animals Act 2015 are understood and that all information provided in this application is true and correct. The legislation can be accessed on the Queensland Government website <http://www.legislation.qld.gov.au>

Review process

- Applications must be made within 14 days of the applicant being given the information notice relating to the decision.
- Applicants must provide enough information to enable the chief executive to decide the application.
- Acceptance of this application does not stay the decision that is the subject of the application.
- The chief executive will make a decision within 20 days after receiving a completed application.
- A notice of the decision will be forwarded to the applicant within 10 days of making the decision.
- The application will not be dealt with by the original decision maker, unless it relates to statutory compensation.

How to complete this form

- Type or use black ink (*block letters*).
- Fill in all parts of the application.
- If there is insufficient space on the form, continue your answers on separate sheets, each of which should be signed and attached.

How to submit this form

- Via email to: exhibitedanimalapplications@daf.qld.gov.au or
- Via post to:

Exhibited Animals, Biosecurity Queensland

Department of Agriculture and Fisheries
Floor 2, 41 George Street
GPO Box 46
Brisbane Qld 4001

Contact us

If you require further information regarding this application contact Exhibited Animals, Biosecurity Queensland, Department of Agriculture and Fisheries on 13 25 23.

Part A - Eligibility

I am eligible to seek a review as (tick the item/s that apply):

☐ a person/legal entity who has been given, or is entitled to be given, an information notice for the decision of an application to grant an authority

☐ a person/legal entity who has been given, or is entitled to be given, an information notice for the decision of a proposed amendment to an authority

☐ a person/legal entity who has been given, or is entitled to be given, an information notice for the decision of a renewal application

☐ a person/legal entity who has dealt with or exhibited an animal that is the subject of forfeiture or seizure

☐ a person/legal entity who has been given another information notice for a decision under the *Exhibited Animals Act 2015*

Part B – Current authority

Do you have a current authority issued under the *Exhibited Animals Act 2015*?

☐ Yes ☐ No *If yes, please provide the following information.*

Authority number details

Commencement date

Expiration date

Part C – Applicant details

First name

Last name

Address details

Street address

Suburb/Town/Locality

State

Postcode

Contact details

E-mail address

Phone

Fax

Mobile

Part D - Original decision notice

Original decision notice

What decision notice does this application relate to?

Original decision notice date

Part E - Review details

What parts of the original decision do you want reviewed?

Please indicate whether you disagree with all of the decision or only part/s of the decision.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Why do you believe the original decision is incorrect?

Please describe in detail all of the reasons why you disagree with the decision/s you listed above.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Evidence

Please provide evidence to support this application. Alternatively attach documents and list here.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Part F - Stay of order

Has the applicant sought a stay of the original decision from the Queensland Civil and Administrative Tribunal or Magistrates Court?

☐ No

☐ Yes

If yes, please provide details on the stay application or order.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Part G - Declaration

☐ I certify that the information detailed in this application is, to the best of my knowledge, true and correct.

Signature

Date