**Section 96 – Biodiscovery Act 2004**

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| **OFFICIAL USE ONLY**DATE RECEIPTED

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RECEIPT NUMBER

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rECEIPTED BY (NAME AND OFFICE)

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ENTERED BY [SIGNATURE]

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 | **Internal review of a decision – collection authority (biodiscovery)**  |
| **Important information for applicants**This form is to be used to request an internal review under section 96 of the *Biodiscovery Act 2004* (the Act), of a reviewable decision made by the chief executive of the Department of Environment and Science (the department). A reviewable decision by the department’s chief executive includes:(a) a decision for which an information notice must be given;(b) a decision to refuse to give an approval or authorisation under the Act;(c) a decision to impose a condition on an approval or authorisation given under the Act;(d) a decision to give a notice under the Act.**This application must be lodged with the department’s chief executive within 20 business days of an information notice or notice of decision being given about the decision.** Please answer the sections on this form in order and if you require more space, attach a separate signed statement. You may choose to include documents to support your argument, please label any attachments alphabetically (e.g. Attachment A). |

**Applicant information**

Please tick the appropriate box:

[ ]  **An individual** → **Complete** Section 1 **applicant details — then complete sections 3 to 9**

[ ]  **A corporation** → **Complete** Section 2 **applicant details — then complete sections 3 to 9**

1. **Applicant details for an individual**

|  |  |
| --- | --- |
| Applicant’s family name      | Title     |
| Applicant’s given name/s      |
| Residential address (not a post office box)      | Postcode     |
| Telephone (business hours)      |

1. **Application details for corporations**

|  |
| --- |
| Registered legal entity name (not a business trading name)      |
| Trading name/s (if applicable)      |
| Registered business address (not a post office box)      | Postcode     |
| Telephone (business hours)      |
| Email      | Website      |
| Postal address (write ‘as above’ if same as business address)      | Postcode     |

**Details of nominated person in charge**

|  |  |
| --- | --- |
| Nominated contact person’s family name       | Title      |
| Nominated contact person’s given name/s      |
| Residential address (not a post office box)      | Postcode      |
| Telephone (business hours)      |

1. **What decision are you seeking to have reviewed?**

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| Details of decision       |

Include type of authority applied for; delegate name; date of notice

1. **Are there any previous decisions that have been made by the department that relate to this review or the original decision (including relating to any permits, licences or authorities)?**

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| Relevant details      |

List relevant information

1. **How did you become aware of the decision you are now seeking to have reviewed?**

[ ]  information notice / notice of decision from the department

[ ]  email

[ ]  telephone

 [ ]  other…please state:

|  |
| --- |
| Date information received      |

1. **Give reasons why you believe the decision regarding your application, or conditions on your authority should be reviewed.**

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1. **Privacy statement**

Information you provide on this form is being collected by the department to process and administer your application for an internal review of a decision as authorised under the Act. Information may be disclosed to the Departments of Agriculture and Fisheries or Queensland Health in order to investigate allegations of unlawful activity, biosecurity or health issues, if required. Information regarding your status as a holder of this type of permit may be provided to any party upon request. Your personal information will not be disclosed to any other parties unless authorised or required by law. More information on our commitment to privacy is available on our website: <http://www.des.qld.gov.au/legal/privacy.html>.

1. **Declaration**

Note: If you have not told the truth in this application, you may be liable for prosecution under the relevant Acts or Regulations.

* I apply for a review of the original decision made by the chief executive as detailed in this application
* I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true.
* I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

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| --- |
| Applicant’s full name      |
| If the applicant is a corporation, please indicate your position in the corporation      |
| Applicant’s signature |  | Date      |

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| --- | --- |
| 1. **Applicant checklist**

[ ]  Application form completed, signed and dated[ ]  All decisions sought for internal review are listed[ ]  Supporting information attached (if applicable), including: [ ]  Reasons why you believe each decision is unreasonable or inappropriate[ ]  Any documentation that may support your argument[ ]  Privacy statement acknowledged | Please return to:**Permits and Licencing** **Department of Environment and Science**GPO Box 2454BrisbaneQueensland 4001Enquiries: **1300 130 372**Email: palm@des.qld.gov.au |