



# Application to change a Stockfeed Manufacture Permit

*Medicines and Poisons Act 2014*



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## INSTRUCTIONS and INFORMATION

1.	<p>This form is for requesting changes to an existing <b>Stockfeed Manufacture Permit</b> issued under the <i>Medicines and Poisons Act 2014</i>.</p> <p><b>This form MUST be completed by the current Permit holder or incoming Permit holder who is suitably qualified and understands the requirements and terminology contained in this application.</b></p> <p>If the Permit holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Permit.</p> <p><b>All communication will ONLY be with the Permit holder, corporate officer or partner.</b></p>
2.	<p><b>Types of changes that cannot be applied for using this form</b></p> <p>DO NOT USE THIS FORM, if:</p> <ul style="list-style-type: none"><li>• The Permit holder is changing from an individual person to a Permit held by a corporation or partnership, or</li><li>• The Permit holder is changing from a corporation or partnership to an individual person or</li><li>• The business has a new owner.</li></ul> <p>These types of changes require the submission of a completely new application for a Stockfeed Manufacture Permit, found at: <a href="#">Application forms for Licences and Permits</a></p> <p>Permits cannot be transferred between one business entity and another.</p>
3.	<p>There are five parts to this form:</p> <p>Part 1 – Sections 1 to 18: Application to change a Stockfeed Manufacture Permit.</p> <p>Part 2 – Sections 19 to 25: Personal Information: new individual Permit holder, corporate officer or partner</p> <p>Part 3 – Sections 26 to 30: Personal Information: new responsible person for a premises</p> <p>Part 4 – Sections 31 to 32: Payment and checklist.</p> <p>Part 5 – Appendix</p>
4.	<p>Fees are <b>not</b> payable for the following type of changes to a Stockfeed Manufacture Permit:</p> <ul style="list-style-type: none"><li>• Change of postal addresses or other contact details</li><li>• Change to a person responsible for a premises</li><li>• Removal of premises from the Permit</li><li>• Removal of certain Schedule 4 antibiotics from the Permit</li><li>• Upgrade of storage or security, such as installation of CCTV.</li></ul>
5.	<p>A fee of <b>\$90</b> is payable for the following type of changes to a Stockfeed Manufacture Permit:</p> <ul style="list-style-type: none"><li>• Change of individual Permit holder (no change of ownership of the business)</li><li>• Change of a corporate officer (only for Permits issued to a body corporate and not an individual person)</li><li>• Increase the quantity of antibiotics on the Permit</li><li>• Addition of Schedule 4 antibiotics to the Permit</li><li>• Relocation of an existing premises to a new location</li><li>• Addition of a new premises to the to the Permit</li><li>• Change of business or trading name without changing legal entity (no change of ownership)</li><li>• Variation in the activities undertaken under the Permit</li><li>• (Note: some variations may require a new application and issue of a different Permit type)</li></ul>
6.	<p><b>Changing the Permit holder for a Permit held by an individual person</b></p> <p>The person nominated as the new Permit holder must also complete Part 2 Personal Information: Identification, Fitness and Probity and sign the declaration at Section 25.</p> <p><b>6.1 Qualifications and/or experience of person nominated as the new Permit holder</b></p> <p>The new Permit holder must:</p> <ul style="list-style-type: none"><li>• have a relevant qualification and/or experience handling the Schedule 4 antibiotics on the Permit</li><li>• have authority within the business to determine policies and procedures in relation to handling the antibiotics on the Permit.</li></ul>



	<p><b>6.2 Permit holder responsibilities</b></p> <p>It is the responsibility of the Permit holder to ensure compliance with the <i>Medicines and Poisons Act 2014</i> and Regulations 2016 and compliance with conditions placed on the Permit.</p> <p>The new Permit holder must also consider whether they have capacity to ensure compliance with the <i>Medicines and Poisons Act 2014</i> and Regulations 2016 and compliance with conditions placed on the Permit for <u>every</u> premises listed on the Permit. The Department may request further information in relation to this capacity.</p> <p>There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit.</p>
7.	<p><b>Changing the person responsible for a premises listed on the Permit</b></p> <p>A new responsible person will have overall responsibility for and manage the antibiotics on a day to day basis and be the contact person if the Permit holder is not available.</p> <p>The responsible person for a premises must:</p> <ul style="list-style-type: none"><li>• be employed or contracted by the Permit holder</li><li>• reside in WA</li><li>• complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 30</li></ul> <p><b>7.1 Responsible person for a Permit issued to an individual person</b></p> <p>The responsible person for a premises when a Permit is issued to an individual person can be:</p> <p>a) the Permit holder, only if, the Permit is issued to an individual person and not a corporation or partnership</p> <p><b>or</b></p> <p>b) the most senior person at the premises with qualifications / training / experience in managing the antibiotics.</p> <p><b>7.2 Responsible person for permits issued to a corporation or partnership</b></p> <p>The responsible person for a premises when a Permit is issued to a corporation or partnership can be:</p> <p>a) the most senior person at the premises who has qualifications / training / experience in managing the Schedule 4 antibiotics on the Permit</p> <p><b>or</b></p> <p>b) the person within the corporation or partnership who has relevant qualification / training / experience managing the Schedule 4 antibiotics on the Permit and has authority to determine policies and procedures in relation to managing the Schedule 4 antibiotics.</p> <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the antibiotics at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity.</p>
8.	<p><b>Changing a corporate officer or partner for a Permit that is held by a corporation or partnership.</b></p> <p>A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 25.</p>
9.	<p><b>Relocation or addition of a premises</b></p> <p>If a premises listed on an existing Stockfeed Manufacture Permit:</p> <ul style="list-style-type: none"><li>• is being <u>relocated</u> to a different premises <b>or</b></li><li>• another premises is being <u>added</u> to the existing Stockfeed Manufacture Permit:</li></ul> <p>and the relocated or added premises (second premises) is currently listed on a different Permit:</p> <ul style="list-style-type: none"><li>○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit.</li><li>○ In such cases, Permit holders requesting the relocation or addition of a new premises may wish to liaise with the Permit holder at the second premises to ensure the Department of Health is appropriately advised.</li></ul>



10.	<b>Schedule 4 antibiotics and other medicines</b> Most stock feed manufacture businesses only require Schedule 4 antibiotics, however there are instances when certain other scheduled medicines may be required. Applicants who also require other Schedule 4 medicines for exactly the same purpose, with the same persons having access at the same premises may include these medicines on their application, even though this form only refers to antibiotics.
11.	<b>Required documents</b> The applicant and responsible person are required to submit copies of certain documents. If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator. Copies of photographic identification documents, such as a driver's licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A.
12.	<b>Signatures</b> All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.  A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling handwriting will not be accepted.  The current Permit holder must sign the Declaration for making a change to the Permit at Section 18.  <b>12.1 Who can sign for a change to a Stockfeed Manufacture Permit:</b> If the Stockfeed Manufacture Permit is held by an individual person and the change is to request a new individual Permit holder within the same business and the current Permit holder is no longer employed by the business: <ul style="list-style-type: none"><li>• the new Permit holder should sign the Declaration and provide the reason the current Permit holder cannot sign the Declaration.</li></ul> If the Stockfeed Manufacture Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.
13.	<b>Approving a change to a Permit</b> Applying for a change to an existing Permit does not guarantee the requested changes will be approved.
14.	<b>Processing applications</b> Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please: <ul style="list-style-type: none"><li>• Complete all required sections of the application,</li><li>• <b>Attach</b> all requested documentation to the application,</li><li>• Respond to requests from the Department for additional information as soon as possible,</li><li>• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,</li><li>• Do not submit your application as a digital image (photograph).</li></ul>
15.	<b>Extra information</b> When applying for a change to an existing Permit, refer to the: <a href="#">Guide to applying for a Licence or Permit</a>
16.	<b>Submitting the application</b> Please email completed form and other requested documentation to: <a href="mailto:mprb@health.wa.gov.au">mprb@health.wa.gov.au</a>

**Incomplete applications may be delayed or returned to the applicant**

**Please keep a copy of the completed application form for reference**



**PART 1: APPLICATION to change a STOCKFEED MANUFACTURE PERMIT**

1. General information	
Permit number: _____ Name of current Permit holder: _____	
Postal address: _____ Suburb: _____ Postcode: _____	
Telephone: _____ Fax: _____ Email: _____	
<b>1.1 Type of change</b>	
Please check whichever applies:	
<b>Changes without a fee</b>	<b>Complete</b>
<input type="checkbox"/> Change of postal address or other contact details	Part 1: Sections 2,18
<input type="checkbox"/> Change to a person responsible for a premises	Part 1: Sections 3,18 Part 3: Sections 26 to 30
<input type="checkbox"/> Remove a premises from the Permit	Part 1: Sections 4,6, 18
<input type="checkbox"/> Remove certain Schedule 4 antibiotics form the Permit	Part 1: Sections 5, 6, 18
<input type="checkbox"/> Upgrade to storage and security	Part 1: Sections 7,18
<b>Changes with a fee of \$90</b>	
<input type="checkbox"/> Change of individual Permit holder	Part 1: Sections 8, 18 Part 2: Sections 19 to25 Part 4: Section 31
<input type="checkbox"/> Change of corporate officer or partner	Part 1: Sections 9,18 Part 2: Sections 19,22,23,24,25 Part 4: Section 31
<input type="checkbox"/> Increase quantity of Schedule 4 antibiotics already listed on the Permit	Part 1: Sections 10,18 Part 4: Section 31
<input type="checkbox"/> Addition of certain Schedule 4 antibiotics to the Permit:	Part 1: Sections 11,18 Part 4: Section 31
<input type="checkbox"/> Relocation of an existing premises to a new premises	Part 1: Sections 12,14,15, 18 Part 4: Section 31
<input type="checkbox"/> Addition of a new premises to the Permit	Part 1: Sections 13,14,15, 18 Part 4: Section 31
<input type="checkbox"/> Change of business or trading name without any change of the legal entity	Part 1: Section 16,18 Part 4: Section 31
<input type="checkbox"/> Variation in the activities undertaken under the Permit, including the use of the antibiotics	Part 1: Section 17,18 Part 4: Section 31
<b>Note: if making multiple changes, only pay one fee of \$90</b>	
<b>1.2</b> Additional information to support application (optional): _____ _____ _____	



**PART 1: APPLICATION to change a STOCKFEED MANUFACTURE PERMIT**  
**Changes without a fee**

**2. Change of postal address and other contact details**

New Postal Address\* \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\* Renewal reminders will be sent to this address

**3. Change the person responsible for a premises listed on the Permit**

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

Premises name: \_\_\_\_\_

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

Name of new incoming responsible person for this premises:

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

**3.1 Details about the new person responsible for a premises listed on the Permit**

Is the new responsible person also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: \_\_\_\_\_ Forename/s: \_\_\_\_\_ Surname: \_\_\_\_\_

There is no requirement to complete Part 3.

☐ No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity

**4. Remove a premises from the Permit**

Premises name: \_\_\_\_\_

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

Date the business will cease trading at these premises: \_\_\_\_\_

Is the business at the premises being sold to another stockfeed manufacture business?

**4.1** ☐ Yes: please provide the name of the new business: \_\_\_\_\_

The Department requires the person taking over the Stockfeed Manufacture business to either:

- apply to add this premises to their current Stockfeed Manufacture Permit, if they already have a Permit, or
- apply for a new Permit in their name.

Applications from the person buying the service must be received by the Department prior to removing this premises from your Permit.

**4.2** ☐ No, is there any remaining stock of Schedule 4 antibiotics left?

☐ No

☐ Yes: please also complete Sections 6.



**PART 1: APPLICATION to change a STOCKFEED MANUFACTURE PERMIT**  
**Changes without a fee**

**5. Remove certain Schedule 4 antibiotics from the Permit**

Premises name: \_\_\_\_\_

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

**5.1** List of antibiotics to be removed:

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**5.2** Is there any remaining stock left of the antibiotics being removed from the Permit at the above-named premises

☐ No

☐ Yes: please also complete Section 6.

**6. Information about disposal of Schedule 4 antibiotics**

If there is any remaining stock of Schedule 4 antibiotics after removing a premises from a Permit or removing certain antibiotics from a premises listed on the Permit, please indicate how the stock will be disposed of.

Check all that apply:

☐ Taken to pharmacy or hospital for disposal<sup>1</sup> — Name of pharmacy/hospital: \_\_\_\_\_

☐ Returned to wholesaler for disposal — Name of wholesaler: \_\_\_\_\_

☐ Transferred to other premises on the Permit — Name of premises: \_\_\_\_\_

☐ Disposed of using a licensed waste management service — Name: \_\_\_\_\_

<sup>1</sup> Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine  
More information on disposal of medicines is found at: [Disposal of medicines](#)

**7. Upgrading storage and security**

Premises name: \_\_\_\_\_

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

Describe the change to the way the antibiotics are stored or the change to premises security:

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**Part 1: Application to Change a STOCKFEED MANUFACTURE Permit**  
**Changes with a fee**

**8. Change of individual Permit holder**

Refer to instruction number 6, for information on the requirements for being an individual Permit holder.

**Name of new incoming permit holder:**

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

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

Telephone /Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Position in business: \_\_\_\_\_

A new Permit holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

**9. Change of corporate officer or partner**

**Note:** Only applicable if the permit has been issued to a body corporate or company and not to an individual person.

**9.1 Name of new incoming corporate officer or partner**

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

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

Telephone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity

**9.2 Name of outgoing corporate officer or partner**

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

**9.3** Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

**10. Increase quantity of Schedule 4 antibiotics**

Premises name: \_\_\_\_\_

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

**10.1 Antibiotics having their quantities increased at the above-named premises**

Antibiotic	Quantity on current Permit	Increase quantity to:



**Part 1: Application to Change a STOCKFEED MANUFACTURE Permit**  
**Changes with a fee**

**11. Addition of certain Schedule 4 antibiotics**

Premises name: \_\_\_\_\_

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

**11.1 Schedule 4 antibiotics to be added to the above-named premises**

List of antibiotics and quantities to be added to the above-named premises on the Permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11.2 Storage and temperature monitoring of antibiotics being added to the Permit**

11.2.1 Storage of non-refrigerated antibiotics (Please check which one applies)

☐ Locked room/shed ☐ Locked cupboard

11.2.2 Will antibiotics being added to the Permit require refrigeration?

☐ No

☐ Yes: please check how the refrigerated antibiotics will be stored (Please check which one applies)

☐ Locked room/shed with refrigerator ☐ Locked refrigerator

Please confirm how the temperature of refrigerated antibiotics will be monitored:

☐ Vaccine refrigerator with an inbuilt thermometer and data logger that can download data.

☐ Normal refrigerator with temperature data logger that can download data.

Manual thermometers are not sufficient for continuous monitoring of temperature sensitive medicines.  
The temperature data logger must record multiple data points (not just maximum and minimum temperatures) and must create an alarm if the temperature is outside the designated range.

**11.3 Usage of the antibiotics being added to the Permit**

Will the antibiotics being added, be used for the same purpose as other antibiotics listed on the Permit?

☐ Yes

☐ No: please describe the purpose for which the antibiotics will used:

\_\_\_\_\_

Some variations in the conditions of use may require a new application for a different type of Permit

**12. Relocation of an existing premises**

**12.1 Current address of premises:**

Premises name: \_\_\_\_\_

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

**12.2 New address of relocated premises:**

Premises name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of possession of the premises (settlement date/lease commencement/handover of premises): \_\_\_\_\_

**12.3 Plus, complete Sections 14,15,18 and 31(payment)**



**Part 1: Application to Change a STOCKFEED MANUFACTURE Permit**  
**Changes with a fee**

**13. Addition of another new premises**

**13.1** Premises name: \_\_\_\_\_

Premises Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of possession of the premises (settlement date/lease commencement/handover of premises) \_\_\_\_\_

Note: Permit will be issued with "Valid from" date on or after this date.

**13.2 Plus**, complete Sections 14,15,18 and 31 (payment)

**14. Information about the relocated or new added premises**

Is this premises being bought from another stockfeed manufacture business? See instruction number 9.

☐ No

☐ Yes: Name of previous stockfeed manufacture business: \_\_\_\_\_

The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder's Permit must be received by the Department prior to adding the relocated or new added premises to your Permit.

**14.1 Person responsible for the relocated or new added premises**

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Position in business: \_\_\_\_\_

Is the responsible person for the relocated or new added premises also?

- responsible for the premises at the current address or
- responsible for another premises listed on the Permit or
- the Permit holder?

☐ Yes

☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

**14.2 Location of relocated or new added premises**

☐ Commercial ☐ Industrial ☐ Rural

☐ Other-please specify: \_\_\_\_\_

14.2.1 Is local government approval required to operate a Stockfeed Manufacture business from the premises?

☐ Yes: **Attach** evidence of local government approval to operate the business from the premises

☐ No

Local government may be asked to comment on applications which may increase processing time.

**14.3 Building /premises security for relocated or new added premises.** Please check all that apply:

☐ Dedicated monitored alarm system ☐ Video surveillance system (CCTV) ☐ Motion detectors

☐ Perimeter fence with lockable gate ☐ Perimeter alarm

☐ Other – please describe: \_\_\_\_\_



**Part 1: Application to Change a STOCKFEED MANUFACTURE Permit**  
**Changes with a fee**

**15. Information about the antibiotics at relocated or new added premises**

**15.1 List of antibiotics to be used at relocated or new added premises:**

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**15.2 Storage and temperature monitoring of antibiotics at relocated or new added premises**

15.2.1 Please confirm how non-refrigerated antibiotics will be stored (check which one applies)

☐ Locked room/shed with refrigerator ☐ Locked cupboard

15.2.2 Will antibiotics requiring refrigeration be stored at the relocated or new added premises?

☐ No

☐ Yes: please check how the refrigerated antibiotics will be stored (Please check which one applies)

☐ Locked room with refrigerator ☐ Locked refrigerator

Please confirm how the temperature of refrigerated antibiotics will be monitored:

☐ Vaccine refrigerator with an inbuilt thermometer and data logger that can download data.

☐ Normal refrigerator with temperature data logger that can download data.

Manual thermometers are not sufficient for continuous monitoring of temperature sensitive medicines.  
The temperature data logger must record multiple data points (not just maximum and minimum temperatures) and must create an alarm if the temperature is outside the designated range.

**15.3 Access to antibiotics**

☐ Please check to confirm that only authorised persons, i.e. individual Permit holder, responsible person or other authorised staff employed by the business will have unsupervised access to the antibiotics.

**15.4 Preventing access to Schedule 4 antibiotics**

Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access to the Schedule 4 antibiotics.

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**15.5 Antibiotic usage at relocated or new added premises**

Will the antibiotics at the relocated or new added premises be used for the same purpose as at the previous premises or other premises on the Permit?

☐ Yes

☐ No - please describe the purpose for which the antibiotics will used:

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Note: Some variations in the conditions of supply or use will require a new application and issue of a different Permit type.



**Part 1: Application to Change a STOCKFEED MANUFACTURE Permit  
Changes with a fee**

**16. Change of business or trading name**

Complete this Section if the business or trading name will change without any change in legal entity.  
If there is a change in ownership, an application for a new Permit is required.

**16.1 Previous business or trading name:** \_\_\_\_\_

New business or trading name: \_\_\_\_\_

**Attach** a copy of the Current and Historical Business Name Extract from ASIC

**16.2 Australian Business Number:** \_\_\_\_\_

**17. Variation in the activities undertaken under the Permit**

Please describe the proposed change in the way the antibiotics will be used:

\_\_\_\_\_  
\_\_\_\_\_

Note: Some variations in the conditions of use will require a new application and issue of a different Permit type.

**18. Declaration by Permit holder**

This declaration relates to the application to change the Permit and must be signed by the individual Permit holder, or if the Permit is issued to a corporation or partnership, the declaration must be signed by a corporate officer or partner.

Please refer to Instruction 12 for information on acceptable signatures.

I am the: ☐ current permit holder ☐ incoming permit holder

**If the current permit holder cannot sign please provide the reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (provide full name): \_\_\_\_\_

of (provide full address): \_\_\_\_\_

hereby declare:

- i. The information contained in this application form is true and correct
- ii. I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

**Part 2** assesses identification, fitness and probity of the Permit holder.

If the new Permit holder is an individual person, all sections of Part 2 must be completed.

If the Permit is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 20 and 21 must be completed by each new corporate officer or each new partner.

### 19. Identification of new Permit holder, corporate officer or partner

Refer to instruction number 6, for information on the requirements for being an individual Permit holder.

#### 19.1 Personal Details

Title: \_\_\_\_\_ Forename/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_  
Position in business: \_\_\_\_\_

#### 19.2 Certified true copy of a photographic identification document

**ATTACH** a certified <sup>1</sup> copy of a WA State Government or Australian Government issued photographic identification document such as drivers Licence or passport. Non-government issued identification documents will not be accepted.

<sup>1</sup>Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy)

#### 19.3 Role in relation to the Permit

- ☐ an individual who will be the new Permit holder on behalf of the business. Complete remainder of Part 2.
- ☐ a new corporate officer. Type of corporate officer:
- ☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 22,23,24 and 25 of Part 2 and **attach** a CV<sup>1</sup>

- ☐ a new partner

Complete Sections 22,23,24 and 25 of Part 2 and **attach** a CV<sup>1</sup>

<sup>1</sup>A new **corporate officer or partner must provide a CV and qualifications**. These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.

### 20. Qualifications and experience of new Permit holder

Refer to instruction number 6 for information on the requirements for being an individual Permitholder.

Complete this section if you will be the new individual Permit holder.

Do **not** complete this section, if the Permit holder is a corporation or partnership.

#### 20.1 Please **attach** copies of:

- any qualifications or training relevant to Schedule 4 antibiotics in a stockfeed manufacture business and
- CV demonstrating your suitability as a Permit holder, **or** describe your suitability as a Permit holder below:

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**PART 2: PERSONAL INFORMATION: new PERMIT HOLDER**

**21. Authority, access, standard operating procedures (SOPs)**

Complete this section if you will be the new individual Permit holder.

Do **not** complete this section, if the Permit holder is a corporation or partnership.

- ☐ Please check to confirm that as the new Permit holder, you will have authority within the business to determine policies and procedures in relation to managing the poisons.
- ☐ Please check to confirm that you will always have access to the Schedule 4 antibiotics listed on the Permit.
- ☐ Please check to confirm that only yourself, responsible person or other authorised employees of the business will have unsupervised access to the Schedule 4 antibiotics

As the new Permit holder, will all SOPs and management of the Schedule 4 antibiotics remain unchanged?

- ☐ Yes
- ☐ No: please describe how the SOPs and management of the Schedule 4 antibiotics will change
- \_\_\_\_\_
- \_\_\_\_\_

**22. Prior permits/licences for medicines/poisons**

To be completed by a new Permit holder, new corporate officer or new partner

**22.1** Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

- ☐ No
- ☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**22.2** Have you (or a company of which you were a corporate officer or partner) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

- ☐ No
- ☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**23. Criminal check for new Permit holder, corporate officer or partner**

To be completed by a new Permit holder, new corporate officer or new partner

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

- ☐ No
- ☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
  - The nature of the alleged offence and circumstances surrounding the offence.



**PART 2: PERSONAL INFORMATION: new PERMIT HOLDER**

**24. Financial resources for new Permit holder, corporate officer or partner**

To be completed by a new Permit holder, new corporate officer or new partner.

**24.1** Have you been declared bankrupt or a debtor under any bankruptcy law?

☐ No

☐ Yes: What date was/will your bankruptcy be discharged? \_\_\_\_\_

**24.2** Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? ☐ Yes

☐ No

**25. Declaration by new Permit holder, corporate officer or partner**

This declaration must be signed by the new individual Permit holder, corporate officer or partner and is about personal information and includes probity check consent.

Please refer to Instruction 12 for information on acceptable signatures.

- a. In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a Stockfeed Manufacture Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe storage of scheduled substances and safe storage and supply of stockfeed containing scheduled substances and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit.
- f. I will notify the Department of Health if I leave the employment of the business or I am no longer a corporate officer of the company that holds the Permit.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_



## PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

### 26. Identification of new responsible person

The role of the responsible person is to manage the Schedule 4 antibiotics on a day to day basis and be the contact person, if the Permit holder is not available.

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

**26.1** Is the new responsible person, also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: \_\_\_\_\_ Forename/s: \_\_\_\_\_ Surname: \_\_\_\_\_

There is no requirement to complete Part 3.

☐ No: complete remainder of Part 3.

### 26.2 Personal details of responsible person

Title: \_\_\_\_\_ Forename/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Position in business: \_\_\_\_\_

### 26.3 Certified true copy of a photographic identification document

**ATTACH** a certified <sup>1</sup> copy of a WA State Government or Australian Government issued photographic identification document such as drivers licence or passport. Non-government issued identification documents will not be accepted.

<sup>1</sup> Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy).

### 27. Qualifications and experience of responsible person

Refer to instruction number 3 for information on the requirements for being a responsible person for a premises.

**1.1** Please **attach** copies of:

- any qualifications or training relevant to managing Schedule 4 antibiotics in a Stockfeed Manufacture business and
- CV demonstrating your suitability as a responsible person, **or** describe your suitability below:

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**14.2** Is the Permit issued to a corporation or partnership and not an individual person? c

☐ No

☐ Yes: You may be asked to provide extra information regarding your qualifications / training /experience.



### PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

#### 28. Prior permits/licences for medicines/poisons held by new responsible person

**28.1** Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

\_\_\_\_\_  
\_\_\_\_\_

**28.2** Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

\_\_\_\_\_  
\_\_\_\_\_

#### 29. Criminal check for new responsible person

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

#### 30. Declaration by new responsible person

This declaration must be signed by the new responsible person and includes probity check consent.

Please refer to Instruction 12 for information on acceptable signatures.

- a) I acknowledge my role is to manage the Schedule 4 antibiotics on a day to day basis and be the contact person, if the Permit holder is not available.
- b) I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the Stockfeed Manufacture Permit These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- c) I am at least 21 years of age.
- d) The information contained in this application form is true and correct.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_



### 31. Payment (where required)

**Fee: \$90**

1. ☐ Credit Card – American Express and Diners not accepted

Card type: ☐ MasterCard ☐ Visa

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Amount: **\$90**

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

2. ☐ Direct debit to bank

**Please quote Permit number and business name in the reference when making a direct debit payment**

Bank: Commonwealth Bank: **BSB: 066 040** **Account number: 13300018** Amount: **\$90**

Receipt Number: \_\_\_\_\_ Payment date: \_\_\_\_\_

3. ☐ Cheque or money order – made payable to DEPARTMENT OF HEALTH

**Please keep a copy of the completed application form for reference**

Please email completed form and other requested documentation to [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

**A fee of \$90 is payable** for the following types of changes to a Stockfeed Manufacture Permit:

- Change of individual permit holder (no change of ownership of the business)
- Change of a corporate officer (only for Permits issued to a corporation and not an individual person)
- Increase quantity of Schedule 4 antibiotics
- Addition of antibiotics to a Permit for an existing premises
- Relocation of an existing premises to a new location
- Addition of a new premises
- Change of business or trading name without changing legal entity (no change of ownership).
- Variation in the activities undertaken under the Permit, including the use of the antibiotics

**Note: if making multiple changes, only pay one fee of \$90**

**Fees are not payable** for the following type of changes to a Stockfeed Manufacture Permit:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the Permit
- Removal of certain antibiotics from the Permit
- Upgrading storage or security



## PART 4: PAYMENT and CHECKLIST

### 32. Checklist

Please ensure all the appropriate requested documentation is attached for:

#### Part 1 Application to change a Stockfeed Manufacture Permit

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing an individual Permit holder: completed Part 2: Personal Information (Section 8)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocated or a new premises is added to the Permit, and the responsible person is not responsible for any other premises or is not the Permit holder: completed Part 3: Personal Information-Form (Section 14.1)
- ☐ If applicable, evidence of local government approval to operate the business from the premises (Section 14.2.1)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 16.1)
- ☐ Declaration signed and dated by individual Permit holder, corporate officer or partner (Section 18)

#### Part 2: Personal information, fitness and probity for new Permit holder, corporate officer or partner

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 19.2). See Appendix A for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer/ partner, attach a CV and qualifications for each new officer/partner (Section 19.3)
- ☐ If the new Permit holder is an individual person, attach copies of qualifications/ training and a CV. CV is not required if experience was described on form (Section 20.1)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 23)
- ☐ Declaration signed and dated by new Permit holder, corporate officer or partner (Section 25)

#### Part 3: Personal information, fitness and probity for new responsible person

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 26.3). See Appendix A for a list of persons authorised to witness a signature
- ☐ Copies of qualifications/training and CV. CV is not required if experience described on form (Section 27.1)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 29)
- ☐ Declaration signed and dated by new responsible person (Section 30)

#### Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 31)



## PART 5: Appendix

### Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

Persons who can certify documents	
Academic (tertiary institution)	Medical practitioner
Accountant	Member of Parliament
Architect	Minister of religion
Australian Consular Officer	Nurse
Australian Diplomatic Officer	Optometrist
Bailiff	Patent attorney
Bank manager	Pharmacist
Chartered secretary	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (judge, master, magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public servant
Engineer	Public notary
Industrial organisation secretary	Real Estate agent
Insurance broker	Settlement agent
Justice of the Peace	Sheriff or deputy Sheriff
Lawyer	Surveyor
Local government CEO or deputy CEO	Teacher
Local government councillor	Tribunal officer
Loss adjuster	Veterinary surgeon
Marriage celebrant	