

Purpose

The purpose of this form is to request stakeholder access to BAITs. This information allows the Department of Veterinary Services to manage who interacts with BAITs. The form is to be completed by the Keeper.

To complete this form the following information is required:

1. Applicant Details
 - a) Keeper ID
 - b) Omang/Company Registration Certificate/Residence Permit
 - In the case of representative from a company, a letter of authority from the board of directors/CEO must be presented.

How the Forms Can Be Completed

All sections must be completed in FULL and in BLOCK LETTERS

1. Complete applicant details
2. The form should be accompanied by Omang/Company registration certificate/Residence Permit
3. Applicants must expect a response within 14 days

For More Information

(DVS Contact Details)

DVS disclaimer