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| Application for a Permit to ObtainOr use Etorphine |
| *Drugs, Poisons and Controlled Substances Act 1981* |
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This application relates only to the obtaining or use of Etorphine by a person employed at a zoo or animal park.

Information about the obtaining or use of Etorphine may be obtained from:

 The Medicines and Poisons Regulation branch

 Department of Health

 50 Lonsdale Street

 MELBOURNE VIC 3000.

 www.health.vic.gov.au/dpcs

I hereby apply for a permit to obtain or use Etorphine.

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| **Full name of Applicant****(in block letters)** |  |
| **Private Address** |  |
| **Address of zoo or animal park where the Etorphine is to be stored or used** |  |
| **State position held at zoo or animal park (Veterinary Practitioner, superintendent, park ranger)** |  |
| **Form and strength of Etorphine required** |  |
| **Maximum quantity of Etorphine in above form and strength to be held at any one time** |  |

I certify that I am employed at the above zoo or animal park and have been authorised in writing, pursuant to and

under the provisions of the *Firearms Act* *1996* to purchase, carry, possess and to use a prohibited weapon,

subject to the conditions contained in such authorisation to obtain or use Etorphine (copy of such authorisation attached).

Date: Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (and qualifications if applicable)

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