



**CLAIM FOR REBATE ON ROAD TRANSPORT OF STOCK
FROM AGISTMENT TO BUSHFIRE/FLOOD AREAS**

NOTE: Submit all claim forms to your local Livestock Health and Pest Authority (LHPA) with original invoices, receipts and other documents attached. All invoices will be copied by the Authority and returned to the claimant. Claims to be submitted not more than 6 months after the first movement.

A. CLAIMANT'S SURNAME OR TRADING NAME		GIVEN NAMES		PROPERTY NAME(S)	
Postal Address		Australian Business No (ABN)			
Postcode		Phone No		Assessed Carrying Capacity (ACC)	

B. PARTICULARS OF TRANSPORTATION COSTS								OFFICE USE ONLY	
Movt No	TSS No	Vehicle Regn No	No & Type of Stock Transported	Date loaded	Amount Paid to Carrier	Distance Carried (km)	Cost per km	Subsidy (%)	Subsidy Amount (\$)
1									
2									
3									
4									
5									
TOTAL									

If insufficient space, please use attachment sheet

C. PARTICULARS OF STOCK MOVEMENTS			
NAME	ADDRESS	LHP DISTRICT	PHONE NO
TO: (Property Owners Name)	(Property of Origin)		
FROM: (Property Owners Name)	(Agistment Property)		
CARRIER:			
AGENT:			

In case of interstate movement please give NSW border crossing point.....
OFFICE USE ONLY

Assd

Checked

Entered

NSW DEPARTMENT OF PRIMARY INDUSTRIES

REBATE ON ROAD TRANSPORT OF STOCK FROM AGISTMENT TO PROPERTY OF ORIGIN

NOTE: Read carefully, complete details overleaf before completing declaration.

D.

STATUTORY DECLARATION
OATHS ACT 1900, NSW, EIGHT SCHEDULE

I,
[name of declarant]

of in the State of New South Wales,
being the owner or resident manager for the owner of the property referred to in this form, do hereby solemnly
and sincerely declare and affirm that:

1. The subsidy claimed on this form relates to the transportation of livestock from agistment to my or the owner's property, being the property of origin, as detailed overleaf.
2. The stock referred to on this form are those originally forwarded to agistment, together with any progeny born during the agistment period.
3. Where a carrier was hired all costs of the movement have been paid and receipts and other documents covering the payments are attached.
4. Where own transport was used the amount shown as paid to the carrier is the estimated running cost of the vehicle and does not include a margin for labour, profit or fixed costs as would be charged by commercial carriers.
5. In the case of fire and flood, at least 30 percent of the grazing area has been affected.
6. I have read the latest edition of the Department's latest publication on Natural Disaster Relief and understand the conditions and requirements therein.

I do make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at on
[place] [date]

.....
[signature of declarant]
[Owner or resident manager for owner]

in the presence of an authorised witness, who states:

I,, a
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who make it: [*
please cross out any text that does not apply]

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was
[describe identification document relied on]

.....
[signature of authorised witness] [date]

E.

CERTIFICATE BY AUTHORISED LIVESTOCK HEALTH AND PEST AUTHORITY OFFICER OF DISTRICT

I certify that I have checked the particulars set out in this form and have no reason to doubt their correctness in any respect. I consider that the cost per kilometre is reasonable (If considered excessive, indicate ruling reasonable rate \$ Per km)

1. Original invoices/payment details have been sighted and certified copies are attached.

Name:
Livestock Health and Pest District Date

Signed:

Position: