# APPLICATION FOR A RESTRICTED LICENCE TO INNOCULATE ANIMALS OR BIRDS WITH VETERINARY BIOLOGICS

**ANIMALS & BIRDS ACT (Chapter 7)**

Please provide type-written information or information written in legible block letters. If there is insufficient space, extra information can be attached to the back of the application.

is insufficient, please furnish type-written information separately. The licence fee is $45 per annum excluding inspection fees.

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| **SECTION 1 -**  **APPLICANT / LICENSEE DETAILS** | | |
| **\*PLEASE INDICATE NAME AS PER IDENTIFICATION CARD / PASSPORT** | | |
| Name in full (Dr  Mr  Mrs  Ms ) | Designation in the Organisation: | |
|  |
| Identification Type: (NRIC  FIN  Passport )  Identification Number:  Nationality: | Gender: (Male  Female )  Date of Birth: | |
| Address: | Office Tel:  Mobile No.:  Email:  Alt Email: | |
| SECTION 2 – ORGANISATION INFORMATION | | |
| Name of Organisation: | | **UEN Number:** |
| Address of Organisation: | | **Contact Details of Organisation:**  Office Tel:  Email: |
| Mailing address of Organisation: | | |
| **SECTION 3 – SITE OF OPERATION** | | |
| Farm Number: | | Licence Expiry Date: |
| Site of Operation Address of Organisation: | | |

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| **SECTION 4 – PARTICULARS OF CONTACT PERSON** | |
| Name in full (Dr  Mr  Mrs  Ms ) | Designation in the Organisation: |
|  |
| Identification Type: (NRIC  FIN  Passport )  Identification Number:  Nationality: | Gender: (Male  Female )  Date of Birth: |
| Address: | Office Tel:  Mobile No.:  Email:  Alt Email: |
| **SECTION 5 – EMERGENCY CONTACT** | |
| Name in full (Dr  Mr  Mrs  Ms ) | Designation in the Organisation: |
| Mobile No.:  Email: | |
| **SECTION 6 - DECLARATION** | |
| I, the above applicant / licensee, declare that all the information given in this application form is true and correct.  I am aware that legal action may be taken against me if I had knowingly provided false information.  I agree that in any legal proceedings, I shall not dispute the authenticity or accuracy of any statements, confirmations, records, acknowledgements, information recorded in or produced in this application.  I, hereby declare that I do not have disciplinary proceedings or inquiries that could lead to the revocation or suspension of my licence, and that all given information is true and correct.  In the event of my application being approved, I shall abide by the Animal and Birds Act (Chapter 7) and licensing conditions thereunder. | |

Applications for licence can be submitted to:

National Parks Board / Animal and Veterinary Service

52 Jurong Gateway Road, #09-01

Singapore 608550

Attn: Cheryl Germono

Email: Cheryl\_germono@nparks.gov.sg

Tel: 6805 2521

**CHECKLIST FOR APPLICATION FOR A RESTRICTED LICENCE TO INNOCULATE ANIMALS OR BIRDS WITH VETERINARY BIOLOGICS**

Please ensure that all the required items are checked before submitting the application form. The checklist is to be submitted together with the application form and all other relevant documents.

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| **S/No** | **Item** | **Check** | **Remarks** |
| 1 | Completed application form |  |  |
| 2 | Clear copy of Applicant / Licensee’s NRIC (Singaporean / Singapore PR) or Passport (Foreigner) |  |  |
| 3 | Appointment letter from the business owner to authorize the licensee to innoculate animals or birds with veterinary biologics |  | * Must contain company letterhead and stamp * Must be signed by business owner and licensee |
| 4 | Clear copy of latest farm licence |  |  |
| 5 | Clear copy of the latest business profile printout from Accounting and Corporate Regulatory Authority (ACRA) |  |  |