

**APPROVAL FOR NOMINATED AGENT
TO COLLECT 1080 OR PAPP BAIT
or 1080 CAPSULES for CANID PEST EJECTORS**

I,of
(OWNER OR OCCUPIER) (PROPERTY)

.....
(ADDRESS)

nominate
(AGENT)

as my agent to collect and use 1080 or PAPP baits or capsules on my behalf.

The possession, supply and use of 1080 (sodium fluoroacetate) and PAPP (Para-aminopropiophenone) is in accordance with Regulation 25(2) and (3) of the Controlled Substances (Poisons) Regulations 2011.

My agent accepts responsibility to transport, store and lay the baits or capsules, or cause the baits or capsules to be laid according to the appropriate 'Label' and 'Directions for Use' and the conditions set out in the 'Approval to Possess 1080 / PAPP Bait' form signed by him/ her.

.....
(SIGNATURE OF OWNER OR OCCUPIER)

.....
(DATE)

I,
(AGENT)

accept responsibility to transport, store and lay the baits or capsules, or cause the baits or capsules to be laid according to the 'Label' and 'Directions for Use' and the conditions set out in the 'Approval to Possess 1080 / PAPP Bait' form signed by me.

.....
(SIGNATURE OF AGENT)

.....
(APPROVAL TO POSSESS FORM NO.)