

# Register of Employees Amendment Form



## About this form

Use this form to maintain the 'Register of Employees' attached to your commercial Wildlife Licence. Completed forms can be returned to:

**Wildlife Licensing - Department of Environment, Land, Water and Planning, 475 Mickleham Rd, Attwood VIC 3049** or may be emailed to: – [wildlifelicencing@delwp.vic.gov.au](mailto:wildlifelicencing@delwp.vic.gov.au)

### 1. Commercial Wildlife Licence Details

Wildlife Licence no.	Licence holder's name	Telephone no.	Fax no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. Add Employees *(Please attach a separate sheet if more space is required)*

The Licence Holder must provide employee details to DELWP (in writing) within 10 business days of any person starting in their business and who is acting in accordance with the wildlife licence.

Employee's full name	Date of birth	Sex (M/F)	Residential address	Telephone	Role	Start date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Remove Employees *(Please attach a separate sheet if more space is required)*

The Licence Holder must notify DELWP (in writing) within 10 business days of any person leaving their business and who is acting in accordance with the wildlife licence

Employee's full name	Date of birth	Sex (M/F)	Residential address	Telephone	Role	Finish date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. Declaration

*"I declare that all details on this form are true and correct."*

Full name and position

Date of birth

 /  / 

Signature

Date of declaration

 /  / 

Capacity  Licence Holder  Nominated Responsible Person

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*The information you provide will also be made available to any authorised law enforcement agency.*

*You may access the information you have provided to DELWP by contacting the Privacy Coordinator on (03) 136 186.*