

NATIONAL VENDOR DECLARATION (HARVESTED RANGELAND GOATS) AND WAYBILL

HG0324

23307199



Part A To be completed by the owner or person who is responsible for the dispatch of the goats.

Owner of goats (FULL TRADING NAME)

Property/place where the journey commenced (ADDRESS)

(ADDRESS CONTINUED) (TOWN/SUBURB) (STATE)

Property Identification Code (PIC) of the Harvested Rangeland Goat Accredited Property

This MUST be the PIC of the Harvested Rangeland Goat Accredited Property where Harvested Rangeland goats were captured and are transported direct to an abattoir for slaughter or to one registered goat depot only OR the PIC of a Registered Goat Depot that is accredited in the LPA Harvested Rangeland Goat module.

PIC12345

Total Number of Harvested Rangeland Goats:

Consigned to (NAME OF PERSON OR BUSINESS)

(ADDRESS) (TOWN/SUBURB) (STATE)

Destination (if different) of goats (LOCATION ADDRESS)

Destination PIC:

1 Do all goats in this consignment meet the Harvested Rangeland Goat definition as per the NLIS Standards for Goats and are eligible to be moved device free?

Yes

No

IF NO - The Goats are not eligible to be moved device free on this NVD/Waybill and you are not adhering to your LPA Accreditation. You risk removal from the LPA Program and access to abattoirs and Registered Goat Depots that process Harvested Rangeland Goats.

Declaration

I FULL NAME FULL ADDRESS

ADDRESS CONT.

declare that, I am the owner responsible for the dispatch of harvested rangeland goats direct to an abattoir for slaughter or via one registered goat depot only.

All the information in part A of this document is true and correct.

I declare that I have understood all the explanatory notes, and that, while under my control, the goats were not fed restricted animal material (including meat and bone meal) in breach of State or Territory legislation.

Signature* **Date*** / /20

*Only the person whose name appears above may sign this declaration, or make amendments which must be initialed.

Tel no. **Fax no.**

Email.

Part B To be completed by the person in charge of the goats while they are moving

Movement commenced: / /20 : (am/pm)

Vehicle registration number(s)*:

I am the person in charge of the goats during the movement and declare all the information in Part B is true and correct.

Signature **Date** / /20 **Tel no.**

*When more than one truck is carrying the goats, other vehicle registration numbers are to be recorded.