**Application and authority to use Silirum® vaccine in NSW**

**NOTES on APVMA permit conditions- for full details consult the APVMA approval and product label**

1. Silirum® Vaccine may be supplied only to persons who hold an authority to use the vaccine.
2. Use of Silirum® Vaccine in cattle may be authorised by the Chief Veterinary Officer (CVO) or delegate.
3. Application

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| --- | --- | --- | --- | --- |
| I | (full name of applicant) | of | (address of applicant) | |
| Email address |  | Registration Number | |  |
| Work telephone |  | Mobile |  | |

being a registered veterinary practitioner, hereby apply for an authority to use Silirum® Vaccine on the following property.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and address of property | |  | | | | | | | | | | | |
| LLS: | |  | | | | PIC: | |  | | | | | |
| Animals to be vaccinated *(number)*: | | Cattle |  |  | | |  | | |  |  |  |  |
| Volume of vaccine needed | | ml (      x 50ml bottles) | | | | | | | | | | | |
| Date of proposed vaccination: | |  | | Location of stock: | | | | | |  | | | |
| I am aware:   1. of the requirement to apply an NLIS device prior to vaccinating cattle, and 2. of the requirement to scan the NLIS devices and provide a list of the device numbers in an electronic form (in email or attached to an email), and 3. of the requirement to send the list of devices of all cattle vaccinated within 7 days of vaccination to NSW DPI by emailing enquiries.nlis@dpi.nsw.gov.au, and 4. NSW DPI will apply the JDV1 status to vaccinated cattle and have advised the owner, and 5. That vaccinated cattle MUST be excluded from live export markets that are sensitive to bovine Johne’s disease or bovine tuberculosis and have advised the owner. | | | | | | | | | | | | | |
| Signed (applicant): |  | | | | Date | | | |  | | | | |

Completed form must be emailed to animal.[biosecurity@dpi.nsw.gov.au](mailto:biosecurity@dpi.nsw.gov.au) You can expect a response within 2 working days. If the matter is urgent, after sending the completed form ring NSW DPI on 02 6391 3412.

# Authority

|  |  |  |  |
| --- | --- | --- | --- |
| I  (name) |  | Position |  |
| authorise the applicant to use Silirum® Vaccine on cattle on the property described above. | | | |
| Signature |  | Date |  |

***This document is valid for three months from date of authorisation***