



# Application for Authorised Implanter Number For Qualified Implanters

This form can be used by qualified implanters to apply for a Victorian Authorised Implanter Number.

The Domestic Animals Act 1994 and Domestic Animals Regulations 2015 restrict who can implant permanent identification devices (microchips) in Victoria. It also places restrictions on what microchip can be used and how the procedure is carried out.

## Applicant Details

**Title:**  Mrs  Ms  Miss  Mr  Other \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

## Business/Employer Details

**Self Employed:**  Yes **Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Leave this section blank if you do not have an employer yet.

## Applicant Signature & Documents

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

I declare that I am a person with Certificate III (or higher) in Vet Nursing, Animal Technology, Animal Management, Animal Welfare Regulation (or other approved qualification)\*; who has completed the Victorian Microchip Implantation Procedures Competency for Cats & Dogs\*; and is employed by or has a written agreement with a registered Veterinarian to supervise them.  
Please ensure copies of documentation are supplied. Applications cannot be processed without supporting documentation.

**Please include BOTH supporting documents:**  **Proof of Qualification** &  **Academic Transcript OR Proof ACMMIC401A Completion**

## Supervising Veterinarian

Supporting documents are still **REQUIRED** even if this document is signed by a supervising vet

I declare that the person above  is employed by **OR**  has a written agreement with \_\_\_\_\_ to supervise the implanting of microchips.  
Inset clinic or registered Veterinarian name

**Supervising Implanter Name:** \_\_\_\_\_ **Authorised Implanter Number:** \_\_\_\_\_

**Owner Signature** \_\_\_\_\_



### 1. Email Your Application

info@car.com.au

Fax: 03 9706 3198

Post: 22 Fiveways Boulevard Keysborough 3173 VIC



### 2. Receive AIN

You will receive an official confirmation via email with your Authorised Implanter Number.



### 3. Update Your Details

It is important that your details on the Department's implanters database are kept up to date.

Any requests to update AIN information needs to be sent via email to info@car.com.au.

