

SCHEDULE

Form APA. 1

**APPLICATION FOR REGISTRATION OF OPERATIONS FOR ARTIFICIAL
PROPAGATION OF ALOE SPECIES**

I/we apply for Registration of an operation for Artificial Propagation of Aloe Species and declare that all information is true.

1. DETAILS OF APPLICANT

a. Name & Designation

.....

Name of Business/Organisation

.....

b. Postal Address

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c. Physical Address

Nearest Urban Centre.....

County.....

Sub-county.....

Location.....

Telephone.....

Email.....

Dated.....

Signature.....

2. DATE OF ESTABLISHMENT.....

3. SIXE OF OPERATIONS IN HECTARES (HA.).....

4. LAND OWNERSHIP

a. Individual ownership

 YES

 NO

b. Group ownership

 YES

 NO

c. Status of Land Ownership

d. Evidence of land ownership or Title Deed No.

5. SPECIES BEING ARTIFICIALLY PROPAGATED (*please confirm from experts or from qualifies authority*)

- a.
- b.
- c.
- d.

6. SOURCE OF PARENTAL STOCKS AND QUANTITIES (*tick in the boxes where applicable*)

Source of parental stock	Propagating material quantities (kg/pcs)
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- a. Natural Source (wild)
 - Seeds.....
 - Suckers.....
 - Others (specify).....

- b. Established nurseries
 - Seeds.....
 - Suckers.....
 - Others (specify).....

c. If (b.) give name of registered owner and location of the nursery.....

d. Quantities of mature plants expected to be harvested in one year (*Attach a marketing/Business plan for your operation, optional*)

7. EVIDENCE OF SOURCE OF MATERIAL (*give as detailed information as possible about the background of the operation e.g. sales receipt*).....

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8. COMMENTS BY KENYA WILDLIFE SERVICE AREA WARDEN (*upon visit to and inspection of the artificial propagation operation*)

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Name.....
Signature.....
Date.....

9.
 a. COMMENTS BY NATIONAL MUSEUMS OF KENYA.

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Name.....
Signature.....
Date.....

- b. COMMENTS BY KENYA WILDLIFE SERVICE, CHIEF LICENSING OFFICER

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.....

Name.....
Signature.....
Date.....

10. KENYA WILDLIFE SERVICE, DIRECTOR GENERAL'S APPROVAL/
DISAPPROVAL

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.....

Name.....
Signature.....

Date.....

If disapproved, reasons given and any Corrective Actions Requested (CAR)

11. Registration No. of operation allocated and as entered into the National Register of Operations.

KE/APA/COUNTY.....**No.**.....**/Year**.....

12. Details Entered in the National Register by:

Name.....

Signature.....

Date.....

