



Water Act 2000 – Form W2F011

ABN 51 242 471 577

Application for transfer of quarry material allocation

Purpose of the form

To apply to transfer all or part of a quarry allocation to another person(s) or corporation(s).
It is advisable to contact your local office and seek pre-lodgement advice prior to submitting the application.
You must obtain a development permit and other required authorisations before beginning operations.

Part A Quarry allocation details

Transfer from allocation notice reference number:

Expiry date:

Transfer to:

Do you wish to transfer the TOTAL allocation to someone else? (Transferee details must be completed in Part D.)

Yes, I wish to transfer the whole allocation

No, I only wish to transfer part of the allocation. Specify the allocation being transferred: cubic metres

Part B Allocation notice holder details

Specify the full name(s) of all persons or corporations that are the current holders of the quarry material allocation notice:

If the joint holder is a corporation, supply the ACN:

Attention (optional) (e.g. Principal, Secretary, Managing Director, etc.):

Street address:

Mailing address (if same as street address write 'as above'):

Main contact for this application

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

Preferred phone:

Alternative phone:

Email:

Privacy statement: Collection of information on this form is authorised by section 235 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation

OFFICE USE ONLY	Application ref.	Office Stamp Only	
	Client ref.		
	Authorisation ref.		

Part C Transferor declaration

All holders of the allocation notice to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/We do hereby apply for the transfer of the quarry material allocation to the parties in Part D, and declare that the information contained in this application and materials submitted in support is true and correct.

Individual

Name:

Name:

Signature:

Signature:

Position/Title:
(if applicable)Position/Title:
(if applicable)

Date:

Date:

Corporation Executed for and on behalf of (must have appropriate authority)

Organisation name:

ACN:

By (name):

By (name):

Position:

Position:

Signature:

Signature:

Date:

Date:

Witnessed by:

Witnessed by:

Witness signature:

Witness signature:

Date:

Date:

Part D Transferee details

Specify the full name(s) of all persons or corporation(s) this quarry material allocation will be transferred to:

Each transferee must provide their contact details in this part. More space is provided on Page 4.

If the transferee is a corporation, supply the ACN:

Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc.)

Street address:

Mailing address (if same as street address write 'as above'):

Main contact for the transferred allocation notice

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

Preferred phone:

Alternative phone:

Email:

Part D Transferee details (continued)

All transferees must provide their contact details. If more space is required to provide details, copy or print a blank copy of this page, complete and attach.

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the transferee is a corporation, supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the transferee is a corporation, supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the transferee is a corporation, supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the transferee is a corporation, supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

Part E Transferee declaration

All transferee(s) to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/We do hereby agree to hold the quarry material allocation as described in Part A above. I/We declare that the information contained in this application and materials submitted in support is true and correct.

Individual

Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date:	Date:

Corporation Executed for and on behalf of (must have appropriate authority)

Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date: