



Water Act 2000 – Form W2F105

ABN 51 242 471 577

Application to transfer a resource operations licence or distribution operations licence

Purpose of the form

The holder of a resource operations licence (ROL) or distribution operations licence (DOL) may apply to transfer either all of the licence or part of the licence to an entity mentioned under sections 176 or 177 of the *Water Act 2000*.

If a DOL is held by the approved nominee of the water infrastructure owner, then the water infrastructure owner does not need to obtain consent of the approved nominee before applying to transfer all or a part of the licence to the transferee.

Written consent of the water infrastructure owner

If either the applicant or the entity receiving the transferred licence is an approved nominee of the water infrastructure owner, then written consent of either the current water infrastructure owner or the incoming owner must be attached to this application.

Part A Applicant details

Specify the full name of the entity that is the current holder of the ROL or DOL to be transferred:

If the applicant is a corporation, please 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 187 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.	Registration Date / / Initials	

Part B Details of ROL or DOL to be transferred

Select the type of licence. Tick only one.

☐ Resources operations licence **OR** ☐ Distribution operations licence

Name of licence:

Holder name:

Operations Manual:

Part C Transfer details

Is the ROL or DOL to be transferred in full?

☐ Yes

☐ No, specify the part of the licence to be transferred:

Part D Current licence holder declaration

All parties 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 declare that the information contained in this application and materials submitted in support is true and correct.

Corporation Executed for and on behalf of

Organisation name:

ACN:

By (name):

By (name):

Position:

Position:

Signature:

Signature:

Date:

Date:

Witnessed by:

Witnessed by:

Witness signature:

Witness signature:

Date:

Date:

Part E Transferee Details	
Specify the full name of the entity who will hold the ROL or DOL after the transfer.	
If the applicant is a corporation, please supply the ACN:	
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc.)	
Street address:	
Mailing address (if same as street address write 'as above'):	
Transferee contact details	
The contact details provided will be used by the department for the purpose of communications under <i>the Water Act 2000</i> . 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 F Transferee declaration	
All transferees 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 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	
Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date: