



Water Act 2000 – Form W2F006

ABN 51 242 471 577

Application for licence to interfere with the course of flow

Purpose of the form

This form is used to apply for a water licence to interfere with the flow of water on, under or adjoining any parcel of land owned by the applicant.

To submit this form, please save a digital copy and email as an attachment to WaterHub@rdmw.qld.gov.au.

Part A Licence information

Is this application to amend an existing licence? ☐ No ☐ Yes

If yes, supply licence reference:

Part B Applicant details

Specify the full names of all individuals or corporations making this application:

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 107 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. A copy of your application and any supporting information may also be published on a Queensland Government website.

OFFICE USE ONLY	Application ref.	Fee received \$	Office Stamp Only
	Client ref.	Receipt no.	
	Authorisation ref.	Registration date / /	

Part B Applicant details (continued)

All applicants must provide their contact details. If more space is required for all applicants to provide details, copy or print a blank version of this page.

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 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 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 a corporation, supply the ACN:

Street address:

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

Preferred phone:

Alternative phone:

Email:

Part C Description of land

Specify the lot on plan numbers for the land over, under or adjoining where the activity will occur.

Lot	Plan	Lot	Plan

Part D Source and location of water

Specify the name of the watercourse, lake, spring or aquifer within which the flow of water is to be diverted or changed:

Part E Proposed activity

Describe how the course of flow will be diverted or changed. Attach additional information as required.

Attach a map showing the location of the activity. Include property boundaries, lot on plan descriptions, existing water facilities, and the location of the watercourse, lake, spring or aquifer.

Part F Reason for interference

Describe the reason for the proposed diversion or change to the course of flow.

Part G Comments

Provide any further comments or information that may be of assistance in assessing this application. Attach additional information to your application as required.

Part H Declaration

All applicants 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:

Electronic signature

☐ By ticking this box you agree to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Electronic signature

☐ By ticking this box you agree to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Date:

Date:

Manual signature (optional):

Manual signature (optional):

Name:

Name:

Electronic signature

☐ By ticking this box you agree to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Electronic signature

☐ By ticking this box you agree to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Date:

Date:

Manual signature (optional):

Manual signature (optional):

Corporation Executed for and on behalf of

Organisation name:

ACN:

By (name):

By (name):

Position:

Position:

Electronic signature

☐ By ticking this box you agree to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Electronic signature

☐ By ticking this box you agree to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Date:

Date:

Manual signature (optional):

Manual signature (optional):