



Application for transfer of water licence that does not attach to land

Water Act 2000

Purpose of the form			
To apply to transfer a water licence, that does not attach to land, to another entity.			
Part A Water entitlement information			
Supply water entitlement reference(s):			
Part B Transferor declaration			
<p>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 in this application is true and correct.</p>			
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: / /	
Part C Comment			
<p>Privacy statement: The information being collected in this form will be used by this department for the purpose of processing your application for transfer of water licence that does not attach to land under the authority of Chapter 2, Part 3 of the <i>Water Act 2000</i>. Your personal details will be accessed only by authorised officers within this department and will not be disclosed to any other third party without your consent except where required by law. The information collected will be retained as required by the <i>Public Records Act 2002</i> and may be stored in a departmental database. More information on the department's privacy commitment can be found on the department's website at www.dnrm.qld.gov.au.</p>			
OFFICE USE ONLY	Application ref.		Fee received \$
	Client ref.		Receipt no.
	Authorisation ref.		Registration date / / Initials
			Office Stamp Only

Part D Transferee details		
The person or persons who will hold the water licence:		
If the applicant is a corporation, please supply the ACN:		
Street address:		
Mailing address:		
Contact details		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)		
Full name:		
Preferred phone:	Alternative phone:	Facsimile:
Email:		
Part E Transferee 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 in this application 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: / /	