



Department of Natural Resources and Mines

ABN 59 020 847 551

Application for renewal of quarry material allocation

Water Act 2000

Purpose of the form			
To apply for the renewal of an allocation of quarry material (stone, gravel, clay, earth or soil not removed as waste material) from a watercourse or lake.			
Part A Quarry allocation details			
Existing allocation notice reference:		Date: / /	
Required extension period:		year(s)	month(s) NOTE: Maximum period is 5 years
Part B Allocation notice holder details			
Specify the full name(s) of all persons that appears on the quarry allocation notice:			
If the joint holder 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:			
<p>Privacy statement: The information being collected in this application will be used by this department for the purpose of processing your application for the renewal of an allocation of quarry material under the authority of section 236 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 C Applicant 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: / /