



Department of Natural Resources and Mines

ABN 59 020 847 551

Application to transfer a resource operations licence or distribution operations licence

Water Act 2000

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 the 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:

Contact details

Title: Mr Mrs Ms Miss Other (specify)

Full name:

Preferred phone:

Alternative phone:

Facsimile:

Email:

Privacy statement: The information being collected in this form will be used by this department for the purpose of processing your application to transfer a resource operations licence or distribution operations licence under the authority of section 187 of the *Water Act 2000*. 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 *Public Records Act 2002* 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.

OFFICE USE ONLY	Application ref.	Fee received \$	Office Stamp Only
	Client ref.	Receipt no.	
	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 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.)

Mailing address:

Email:

Preferred phone:

Alternative phone:

Facsimile:

Contact details

Title: Mr Mrs Ms Miss Other (specify)

Full name:

Preferred phone:

Alternative phone:

Facsimile:

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 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: / /

**Guidelines for
Application to transfer a resource operations licence or
distribution operations licence**

Water Act 2000

Purpose of form

The holder of a resource operations licence (ROL) or distribution operations licence (DOL) may apply to transfer the licence or part of a licence.

Part A Applicant details – current holder

Specify the full name of the entity that is the current holder of the ROL or DOL that is applying to transfer the ROL or DOL. Details must be completed as follows:

Name and ACN

Write the complete name of the incorporated body and the Australian Company Number (ACN).

For example: PAUL JOHN SMITH PTY LTD

For incorporated associations, use the authorising officer's name.

For example: PAUL AUSTIN ACTING UNDER THE AUTHORITY OF THE
 BUNYA MOUNTAINS BRIDGE SOCIETY INC

For other legal entity names or bodies holding land under trust.

For example: THE STATE OF QUEENSLAND (REPRESENTED BY DEPARTMENT OF
 EDUCATION AND TRAINING)

Attention (Optional)

If necessary, use this section to write the title of the position held by a person acting for the applicant. This information is usually only necessary for corporations or similar bodies.

For example: THE MANAGING DIRECTOR

Street address

Specify the street address of the applicant. Information provided within this section of the form will be used for the service of all official documents and any correspondence relating to the application, unless otherwise specified in the mailing address section.

For example: UNIT 3
 146 SHORE STREET
 ROCKHAMPTON QLD 4370

Mailing address

Information provided within these sections of the form will be used for the service of all official documents and any correspondence relating to the application. Enter the information as you would want it to appear on an envelope addressed to the applicant.

For example: PO BOX 25
 ROCKHAMPTON QLD 4370

Contact person's details

Applicants must use this section to provide the department with the details of one nominated contact person. The department will use the information provided for its records concerning the application and for personal or telephone contact about matters relevant to this notification.

Part B ROL/DOL details (to be transferred)

These details can be taken directly from the existing Resource Operations Licence or Distribution Operations Licence.

Part C Transfer details

Where the application is for a part transfer, the applicant needs to specify what parts of the existing Resource Operations Licence or Distribution Operations Licence is to be transferred, e.g. what infrastructure assets will be transferred.

Part D Declaration

All applicants to complete and sign the declaration.

All persons signing on behalf of a corporation must sign before a witness and provide their Australian Company Numbers (ACN).

Part E Transferee details

Specify the full name of the entity who will hold the ROL or DOL after the transfer. Details must be completed as follows:

Name and ACN

Write the complete name of the incorporated body and the Australian Company Number (ACN).

For example: PAUL JOHN SMITH PTY LTD

For incorporated associations, use the authorising officer's name.

For example: PAUL AUSTIN ACTING UNDER THE AUTHORITY OF THE
BUNYA MOUNTAINS BRIDGE SOCIETY INC

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Part F Transfer declaration

All transferees to complete and sign the declaration.

All persons signing on behalf of a corporation must sign before a witness and provide their Australian Company Numbers (ACN).

Use of this information (privacy statement)

The information being collected in this form will be used by this department for the purpose of processing your application to transfer a resource operations licence or distribution operations licence under the authority of section 187 of the *Water Act 2000*. 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 *Public Records Act 2002* 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.

Checklist

The following checklist has been provided to assist you in completing this application. Ensuring that you have satisfied all of the following requirements will help avoid delays in the processing of your application.

- All parts of the form are completed
- The application form is signed by all parties

Lodgement

Mail/deliver the application form and any attachments to your nearest departmental office. Contact details are available on the department's website at www.dnrm.qld.gov.au.