Queensland Native Title Work Procedures

Template Notification Form A

**Notification under the Commonwealth *Native Title Act 1993***

**November 2022**

This publication has been compiled by Lands Policy and Support of Lands Division, Department of Resources.

**Version history**

|  |  |  |
| --- | --- | --- |
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**Template Notification Form A**

**Notification under the Commonwealth *Native Title Act 1993***

To: [insert name of registered native title claimant/s] on behalf of [insert name of native title claimant group], [insert address]

OR

To: [insert name of registered native title body corporate] on behalf of [insert name of native title claimant group], [insert address]

OR

To: [insert name of native title representative body / native title service provider]. [insert address]

Date of Issue: [insert date]

|  |  |
| --- | --- |
| **SECTION OF NTA**  |  |

|  |  |
| --- | --- |
| **DEPARTMENT/AGENCY** |  |

|  |  |
| --- | --- |
| **CONTACT NAME** |  |
| **E-MAIL** |  |
| **TELEPHONE NO.****FAX NO.** |  |
| **REFERENCE NO.** |  |

An application has been received by [name of department/agency]for the following

approval:[[1]](#footnote-1)

|  |  |
| --- | --- |
| **TYPE OF APPROVAL/S** |  |
| **UNDER WHAT STATE ACT** |  |

The approval, if granted, will permit the following activity to happen:[[2]](#footnote-2)

|  |  |
| --- | --- |
| **NATURE OF ACTIVITY** |  |

The above activity will be located within:

|  |  |
| --- | --- |
| **LOCATION OF ACTIVITY** |  |
| **MAPS/PLANS** |  |
| **NAME OF REGISTERED NATIVE TITLE CLAIMANT GROUP/S OR NAME OF REGISTERED NATIVE TITLE BODY CORPORATE** |  |
| **NAME OF NATIVE TITLE REPRESENTATIVE BODY / NATIVE TITLE SERVICE PROVIDER** |  |

The activity, if approved, will commence only after notification and consideration of all

comments. In addition, if approved, the activity will be approved for the following period

of time:[[3]](#footnote-3)

|  |  |
| --- | --- |
| **DURATION OF APPROVAL** |  |

**You are invited to comment upon the proposed future act outlined above.**

Any comments must be **in writing** and must be received no later than [insert date].

Please send your comments to**:**  [insert name, title, address]

1. Where your department/agency is applying for an approval under its own legislation, replace these words with – ‘An application has been made by this department/agency for the following approval:’

Where your department/agency does not need to apply for an approval but has the power to do the act under legislation, replace these words with - ‘This department/agency proposes to carry out the following act:’ NB. The words ‘Not Applicable’ ‘should be written in the type of approval’ box. [↑](#footnote-ref-1)
2. Where your department/agency does not need to apply for an approval but has the power to do the act under legislation, replace these words with - ‘The act, if it proceeds, will consist of the following:’ [↑](#footnote-ref-2)
3. Where your department/agency does not need to apply for an approval but has the power to do the act under legislation, replace these words with - ‘The act, if it proceeds, will commence only after notification and consideration of all comments. In addition, the act, if it proceeds, will continue for the following period of time.’ The DURATION OF APPROVAL box heading should be replaced with ‘DURATION OF ACT’. [↑](#footnote-ref-3)