



APPLICATION FOR A WATER LICENCE
(ALLOCATION MUST BE TRANSFERRED FROM AN EXISTING WATER LICENCE)

Pursuant to Section 122 of the *Landscape South Australia Act 2019*

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20000.

Please tick:

☐

Angas Bremer PWA

☐

Peake, Roby and Sherlock PWA

☐

Mallee PWA

SECTION 1: APPLICANT DETAILS		
Full Name(s) of applicant(s)		
Full Name(s) of applicant(s)		
Full Name(s) of applicant(s)		
Full Name(s) of applicant(s)		
If Body Corporate: ACN		
Contact Name		
Address		
Town/Suburb	State	Postcode
Home Phone	Work Phone	Mobile Phone
Email	Fax	
Licence number from which the water allocation is being transferred: _____		
Note: Allocation transfers can only occur within the same prescribed resource. You must also lodge the respective application for limited (temporary) or absolute (permanent) water allocation transfer signed by you as transferee (purchaser), and signed by the transferor (seller).		

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$_____				
Area:				

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION

Please be aware that it is an offence to provide information on this form that is false or misleading.

SECTION 2: SIGNATURE OF THE APPLICANT**NOTE: Each applicant must complete ONE (only) of the following alternatives**

I/We declare that the information that has been provided on this application is true and correct.

Note: If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director must be stated as position held.**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:
(print name of company or incorporated association)**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:
Print Name	
Position held	
Date	
Signature	
Print Name	
Position held	Date

Return application and payment to:Department for Environment and Water
PO Box 240
BERRI SA 5343**Make cheques or money orders payable to:**

Department for Environment and Water

For credit card payments or other payment options, please telephone:

(08) 8595 2053

Office Location:28 Vaughan Terrace
BERRI SA 5343