SOUTH EAST REGION

FEE \$277.00 GST Exempt 01/07/23 - 30/06/24

Form No: SE12v15

## APPLICATION FOR A FOREST WATER LICENCE (ENDORSED WITH A COMMERCIAL FOREST ALLOCATION)

Pursuant to Section 166 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: \$20 000.

1. APPLICANT(S) DETAILS								
APPLICANT(S)								
Is the Applicant the Forest Mana	Is the Applicant the Forest Manager: Yes $\square$ or No $\square$ (please tick)							
Note: a Forest Water Licence can or	nly be held in the	name of the Fores	t Manager					
Applicant Name(s):								
Note: Name(s) provided must be LE	GAL ENTITIES and	d must be IN FULL.						
If Body Corporate: ACN:								
Contact Address:								
Contact Name: Telephone No:								
Mobile:								
2. LANDOWNER DETAIL	S – IF NOT AF	PPLICANT(S)						
Name (c) (in full)		ENT LAND OWNER	• •					
	Name (s) (in full):							
Note: Name(s) provided must be LE	GAL ENTITIES and	d must be IN FULL.						
Note: Name(s) provided must be LE  If Body Corporate: ACN:	GAL ENTITIES and	d must be IN FULL.						
Note: Name(s) provided must be LE	GAL ENTITIES and	d must be IN FULL.						
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:	GAL ENTITIES and	d must be IN FULL.						
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:  Contact Name:	GAL ENTITIES and	must be IN FULL.  Telephon	ne No:					
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:	GAL ENTITIES and	must be IN FULL.  Telephon	ne No:					
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:  Contact Name:	GAL ENTITIES and	must be IN FULL.  Telephon	ne No:					
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:  Contact Name:	GAL ENTITIES and	must be IN FULL.  Telephon	ne No:					
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:  Contact Name:  Mobile:	GAL ENTITIES and	Telephon	ne No:					
Note: Name(s) provided must be LE  If Body Corporate: ACN:  Contact Address:  Contact Name:  Mobile:  For Office Use Only:	GAL ENTITIES and	Telephon	ne No:					

## 3. WATER ALLOCATION DETAILS

<u>Note</u>: Inter-Management Trade only applies to the Lower Limestone Coast Prescribed Wells Area. Following reduction of an allocation to address over-allocation, the Minister may grant an allocation in another Management Area where unallocated water is available.

Wher	e will the allocation p	roposed to be endors	ed on the licence be	e acquired? (please t	ick box)
3.1	A new allocation g	ranted by the Minister	for Climate, Enviro	nment and Water:	
	Yes $\square$ or No $\square$ (ple	ase tick)			
	The reduction taken on Water Licence Number:			was	kL
					litres) = 1 ML (Megalitre)
3.2	An allocation purchased from another water licence:			Yes $\square$ or No $\square$ (please tick)	
	Water Licence Nun	nber:	Allocation:		kilolitres
	An application for a tr		tion (permanent or t		to be submitted, signed by
3.3	Is this allocation from	om another Managem	Yes $\square$ or No $\square$ (please tick)		
	If YES From:		MA	to	MA
4.	LAND ON WHIC	H THE WATER ALL	OCATION IS PRO	POSED TO BE TA	KEN AND USED
Please	e write land details in	the table below:			
CT (	or CL or CR Volume and Folio	Section or Allotment Number	Plan Number	Hundred	GPS Coordinates (GDA94 standard)
5.	ANY OTHER CO	MMENTS			
			·····		

## ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED

<u>Note</u>: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

## 6. SIGNATURE OF THE APPLICANT(S):

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.

SIGNED:

JIGINED.						
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:				
Where the applicant is a company or an incorporated association the authorised person(s) duly authorised to sign for and behalf of the organisation:						
Name of company or Incorporated Association:						
Print Name:	Sign Here:	Date:				
Position Held:						
Print Name:	Sign Here:	Date:				
Position Held:						
3. Where the applicant is a company or an incorporated association and the Seal is affixed:						
The Seal of  [Write name of Company or incorporated association]						
was hereby affixed in the presence of:	Affix Seal in Box					
Print Name:	Sign Here:					
Position Held:	Date:					
Print Name:	Sign Here:					
Position Held:	Date:					
	ey order to: Department for Environment and Wat x 1046 Mount Gambier SA 5290   DEW.LCWaterLicons, please telephone: (08) 8735 1134					