



Purpose of this form
To apply for the approval of a land and water management plan.

PART A Application information
Is this application: for a new plan? <input type="checkbox"/> for a FMS as the equivalent of a land and water management plan? <input type="checkbox"/> to amend or replace an existing plan? <input type="checkbox"/> to renew an existing plan? <input type="checkbox"/> to renew an existing FMS? <input type="checkbox"/>

PART B Applicant details
Name <input type="text"/>
Mailing address <i>All correspondence will be delivered to this address</i> <input type="text"/>
State <input type="text"/> Postcode <input type="text"/> Country (if not Australia) <input type="text"/>
Contact person's details (if different from above) Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Name <input type="text"/>
Preferred phone <input type="text"/> Facsimile <input type="text"/> Email <input type="text"/>

PART C Property details
Property name (if applicable) <input type="text"/>
Lot(s) and registered plan(s) numbers of the land(s) to which the plan applies <input type="text"/>
Total area of property (ha) <input type="text"/> Tenure (Freehold/leasehold) <input type="text"/>

PART D Water use details
Volume of water to which plan applies (ML) <input type="text"/> Area to which plan applies (ha) <input type="text"/>
Existing volume of water entitlement (ML) <input type="text"/> Volume triggering LWMP (ML) <input type="text"/>
Area normally under irrigation (ha) <input type="text"/> Additional area to be irrigated (if any) (ha) <input type="text"/>

PART E Declaration
Being the person(s) referred to in Part B of this application, I/We do hereby apply for approval of the land and water management plan attached to this application. I/We declare that the information provided with this application is true and correct.
Name <input type="text"/> Name <input type="text"/>
Signature <input type="text"/> Signature <input type="text"/>
Date <input type="text"/> Date <input type="text"/>
CORPORATION Executed for and on behalf of (Corporation) <input type="text"/>
By (Name) <input type="text"/> By (Name) <input type="text"/>
Position <input type="text"/> Position <input type="text"/>
Signature <input type="text"/> Signature <input type="text"/>
Date <input type="text"/> Date <input type="text"/>
Witnessed by <input type="text"/> Witnessed by <input type="text"/>
Witness signature <input type="text"/> Witness signature <input type="text"/>
Date <input type="text"/> Date <input type="text"/>

Note: The prescribed fee should accompany this application.
Where applicable a FMS certificate from an accredited industry FMS program should be attached.

Office use only	LWMP RECEIVED	LWMP APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	File
	Signature	Signature	WERD action
	Designation	Designation	LWMP number
	Date	Date	Fee received