

1. Applicant Details

Name Position

Organisation ABN

Street Address Postcode

Postal Address Postcode

Telephone Number () Fax Number () E-mail Address

If you are applying on behalf of a client, please provide the name of their organisation

2. Details of Departmental Material to be reproduced

Description of NRW material

Size of reproduction Monochrome Colour

Is material to be enhanced (supply details, eg. overlay of text, photos, etc.)

Type of reproduction material required (eg. transparency, digital data (including format))

3. Details of where Departmental Material is to be reproduced

Please select the most appropriate option

Publication (where possible, include previous edition)

Description of publication

No. of pages	Publication size	Print run	Production date	Recommended retail price	How often publication will be printed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Web/Internet Site

Description of Web Site

Web/URL Address

Other (eg. CD, computer program, film, etc.)

Description

Recommended retail price	No. of copies	Production date
\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Applicant's Signature Date / /