

Application to subdivide a water allocation

(Water Act 2000) s128A
Purpose of this form

This form is used where the holder of a water allocation wishes to replace the original water allocation with two or more water allocations.

PART A Applicant Details
Name *Specify the full name of all persons applying for this licence*

If the applicant is a corporation please supply the ACN

Attention (Optional) *(eg, Principal, Secretary, Managing Director, etc)*

Street Address

State

Postcode

Mailing Address *All correspondence will be delivered to this address (if same as street address please write 'as above')*

State

Postcode

Country

if not Australia

Contact Person's Details
(If different from above)

Title

Mr

Mrs

Ms

Miss

Other

please specify

 Given
Name

 Last
Name

 Preferred
Phone

 Alternate
Phone

Facsimile

 Email
Address

PART B Original Water Allocation Details
Description of water allocation

 Water
Allocation
Number

 Crown
Plan

 Title
Reference

 Nominal volume
of original water
allocation

ML

Resource Operations Plan

 Water Supply Scheme or
Water Management Area

**OFFICE USE
ONLY**

Fee Received \$

Receipt No.

Registration

Date / / Initials

Application

Client

Authorisation

 OFFICE
STAMP
ONLY

PART C Subdivision Details *Specify how the original water allocation is to be subdivided*

It is proposed to subdivide the original water allocation into parts as indicated below.

Part	A	B	C	D	E	F	G	H	I	J	K	L	M
Nominal Volume of Subdivided Part in Megalitres													
Part	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Nominal Volume of Subdivided Part in Megalitres													

TOTAL NOMINAL VOLUME OF SUBDIVIDED PARTS Megalitres

If insufficient space, please attach a separate sheet using the above format and identify separate parts using a numerical system.

PART D Comments *Provide any further comments or information that may be of assistance in assessing this application*

PART E Declaration *All holders of the original water allocation to complete and sign the declaration below*

I/We declare that the information contained in this application is true and correct.

INDIVIDUAL

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Position/Title (if applicable)	<input type="text"/>	Position/Title (if applicable)	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Attach separate sheet (or photocopy) if more than 2 signatures required

CORPORATION *Executed for and on behalf of (Corporation)*

ACN

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"/>

This information is collected under the authority of the Water Act 2000 for the purpose of ensuring the sustainable management and efficient use of water and other resources. If this application is approved, the chief executive must give the applicant a certificate under s128A of the Water Act 2000 which the applicant may then give to the registrar of water allocations for the subdivision to be recorded under s128A of the Water Act 2000. The subdivision will not have effect until it is registered. Water allocations and instruments lodged or registered in relation to water allocations are publicly searchable under s153 of the Water Act 2000.

PAYMENT OPTIONS

Application Fee

The prescribed application fee is payable at the time of application.

Please refer to the provided 'fee link' located on the departmental website to obtain the current fee for this form.
<www.nrw.qld.gov.au/water/management/application_forms.html>

Payment by Cheque, Cash or EFTPOS

- Cheque - To be made payable to the **'Department of Environment and Resource Management'** and marked **'Not Negotiable'**.
- Cash - Cash is only a payment option when paying in person.
- EFTPOS - Payment facilities may vary between offices, please contact your local DERM office in advance.

Payment by Credit Card Please print clearly

Please charge this payment to my (tick appropriate box) Visa Mastercard American Express

Amount of Payment \$.

Card Number

Expiry Date

Phone No.

Cardholder's Name

Cardholder's Signature

Date