

PART A Applicant (Seller) 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 Volume Being Assigned

Complete water allocation details (if more than one seasonal assignment, please complete a separate application form).

Water
Allocation
Number

Crown
Plan

Title
Reference

*Volume being
assigned

Megalitres

* This volume will be unavailable for use by the Applicant (Seller) if the assignment is granted.

OFFICE USE ONLY	Fee Received \$	Application
	Receipt No.	Client
	Registration Date / / Initials	Authorisation

OFFICE
STAMP
ONLY

PART C Current Meter Reading on Applicant(s) Property

Complete works and meter details (if there are more than two water meters, attach a separate list to this application).

Works Reference	Meter Serial No.	Meter Reading	Date Read	Time Read
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. am . pm
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. am . pm

PART D Transfer Declaration

I / We agree to transfer to the buyer, the seasonal water assignment on a temporary basis for the remainder of the current water year.
I / We accept the Department's guidelines and conditions for seasonal water assignment.

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

PART E Assignee (Buyer) 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 F Where will water be taken from after Assignment

Provide a description of the reach from where the water will be taken

Zone

Water Management Area

PART G Current Meter Reading(s) on Assignee's Property

Complete works and meter details (if there are more than two water meters, attach a separate list to this application).

Works Reference	Meter Serial No.	Meter Reading	Date Read	Time Read
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. am . pm
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. am . pm

PART H Transfer Declaration

I / We accept the Department's guidelines and conditions for seasonal water assignment.

Name Signature Date

Name Signature Date

Name Signature Date

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