



Queensland Government

ABN: 66 934 348 189

Application for Transfer of Resource Allocation Authority for Aquaculture

Fisheries Act 1994

Office Use Only

RN: _____ \$ _____

IMPORTANT INFORMATION

This application is for the transfer of a resource allocation authority from one legal entity (eg. individual or company) to another. The transferor or transferee may complete and submit this application. The transferor is responsible for the resource allocation authority until the transfer is completed.

If the transferee wishes to apply to amend the resource allocation authority (eg. to make minor changes to the location and the size of the area) an amendment application may only be lodged after the resource allocation authority has been transferred.

If more than one authority is to be transferred, a separate application must be completed for each authority.

ALL TRANSFERORS AND TRANSFEREES MUST COMPLETE AND SIGN THIS APPLICATION, AND FEES MUST BE PAID FOR THE APPLICATION TO BE ASSESSED.

APPLICANTS ARE REQUIRED TO RETURN THE ORIGINAL RESOURCE ALLOCATION AUTHORITY AND DEVELOPMENT PERMIT ISSUED TO THE TRANSFEROR WITH THIS APPLICATION (NOT A COPY). KEEP A COYP FOR YOUR RECORDS.

Resource Allocation Authority _____

Reference/Approval Number

Transferor details _____

Full details of all transferors are required. If transferor is a Person's name/s complete section 1 only (If there is insufficient space, please use an additional transfer form).

	Surname/s	Given name/s	Date of Birth (See Notes)
Section 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the transferor is a company complete section 2 only

Section 2	Company Name (Company name only, not a business name. See Notes)	
	<input type="text"/>	
	ACN	Contact name for company
	<input type="text"/>	<input type="text"/>

Contact details

Postal address (This can be a Post Office Box address.)

	Postcode
--	----------

Residential/Registered office address (Not a Post Office Box address.)

	Postcode
--	----------

Home number

Work number

Fax number

Mobile number

Email address

Transferor declaration

I/we hereby apply to transfer resource allocation authority Number
to (state transferee/s names):

And I/we certify that the information given is true and correct in every detail and have attached all required documentation;

Name

Signature

Date

Transferee details

Full details of all transferees are required. If transferee is a Person's name/s complete section 1 only (If there is insufficient space, please use an additional transfer form).

	Surname/s	Given name/s	Date of Birth (See Notes)
Section 1	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

If the transferee is a company complete section 2 only

Section 2	Company Name (Company name only, not a business name. See Notes)	
	<input style="width: 100%; height: 20px;" type="text"/>	
	ACN	Contact name for company
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Contact details

Postal address (This can be a Post Office Box address.)

	Postcode
--	----------

Residential/Registered office address (Not a Post Office Box address.)

	Postcode
--	----------

Home number

Work number

Fax number

Mobile number

Email address

Transferee declaration

And I/we certify that the information given is true and correct in every detail and have attached all required documentation;

Name

Signature

Date

Payment

I/We enclose a fee of \$ _____

Cheque/Money Order

Debit details: American Express

MasterCard

Visa card

Card number

Expiry date

Debit amount

Name on card

Cardholder Signature

Contact phone number of credit card holder (if not the applicant/s): _____

Forward application to: Contact your closest Fisheries Centre below to lodge an application

Northern Fisheries Centre - Cairns
 (applications north of, and including, Gladstone Regional Council)
 PO Box 5396
 Portsmith Qld 4870

For information contact:
 Phone: (07) 4241 1200
 Email: planningassessment@daf.qld.gov.au

Maroochy Research Facility - Nambour
 (applications south of Gladstone Regional Council)
 PO Box 5083
 SCMC Nambour Qld 4560

For information contact:
 Phone: (07) 5381 1330
 Email: planningassessment@daf.qld.gov.au

Application continued over page...

Notes

Applicant/s signature/s

- All named authority holders must sign. For a corporation, the form is signed in accordance with the *Corporations Act 2001*, s127 by either two directors, or a director and a company secretary, or the sole director who is the sole secretary.
- All applicants must be 18 years or over to hold an Authority.

Company extract

If the licence is to be held by a registered company, a copy of the current **company extract** issued by the Australian Securities and Investment Commission should be provided. You may provide a copy with your application, or alternatively the copy can be arranged on your behalf by contacting this office (fees apply).

Native title

This application may be subject to notification under the *Native Title Act 1993* in which case additional information may be required, and some delays may be experienced.

Privacy Disclaimer: The Department of Agriculture and Fisheries is collecting the information on this form to assess your application for a General Fisheries Permit. This information is authorised by section 54 of the Fisheries Act 1994. This information will only be accessed by authorised employees within the department. Some information collected on this form is made available to the public in the Register of Authorities under Section 73 of the Fisheries Act 1994 and Section 210 of the Fisheries Regulation 2008. Please be aware that the postal address you provide may be released under a search. You must also provide, for an individual, a residential address, or for a corporation, a registered office address for the purpose of giving notices under fisheries legislation. The residential/registered office address will not be made available under a search of the Register unless it is also the postal address. Your information will not be disclosed to any other parties unless authorised or required by law.