



Queensland
Government

Water Act 2000 – Form W2F011

ABN 59 020 847 551

Application for transfer of quarry material allocation

Purpose of the form

To apply to transfer all or part of a quarry allocation to another person.

Part A Quarry allocation details

Transfer from allocation notice number: _____ Expiry date: _____

Transfer to:

Do you wish to transfer the TOTAL allocation to someone else?

Yes, I wish to transfer the whole allocation

No, I only wish to transfer part of the allocation. Specify the allocation being transferred: _____ cubic metres

Part B Allocation notice holder details

Specify the full name(s) of all persons or organisations that are the current holder(s) of the quarry material allocation notice:

Attention (optional) (e.g. Principal, Secretary, Managing Director, etc.):

Street address:

Mailing address (if same as street address write 'as above'):

Main contact for this application

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

Preferred phone:

Alternative phone:

Email:

Privacy statement: Collection of information on this form is authorised by section 235 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation

OFFICE USE ONLY	Application ref.	Office Stamp Only	
	Client ref.		
	Authorisation ref.		

Part C Transferor declaration

All holders of the allocation notice to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/We do hereby apply for the transfer of the quarry material allocation to the parties in Part D below, and declare that the information contained in this application and materials submitted in support is true and correct.

Individual	
Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date:	Date:
Corporation Executed for and on behalf of	
Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date:

Part D Transferee details	
Specify the full name(s) of all person(s) this allocation will be transferred to:	
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc.)	
Street address:	
Mailing address (if same as street address write 'as above'):	
Contact details	
The contact details provided will be used by the department for the purpose of communications under the <i>Water Act 2000</i> . The department may be required or authorised by legislation to disclose your information to other third parties.	
Full name:	
Preferred phone:	Alternative phone:
Email:	
Part E Transferee declaration	
Transferee to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.	
I/We do hereby agree to hold the quarry material allocation as described in Part A above. I/We declare that the information contained in this application and materials submitted in support is true and correct.	
Individual	
Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date:	Date:
Corporation Executed for and on behalf of	
Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date: