Rehabilitation Rent Request

Extractive Mineral Permit

Mineral Titles Regulations 2011 - Schedule 1, Part 2

Approved Form 36

Statement of intent

I/We hereby notify the Minister for Mining of the cessation of extractive activities on the below title; and request your approval of the rehabilitation rent schedule.

Titleholder details - for more than 2 title holders, you must attach a separate sheet showing full details for each additional holder.

Titleholder one						
Full name						
Email address						
Telephone						
Titleholder two (if applicable)						
Full name						
Email address						
Telephone						
Title details						
EMP			MA fo	r EMP		
Environment (Mining) Licence details						
Environment (Mining) Licence #			Site na	ame		
Operator						
Rehabilitation details						
Has rehabilitation rent previously been approved for this title? If yes, please provide evidence of rehabilitation completed to date including photos.					ding photos.	Yes / No
Estimated time frame for completion						
Start			Finish			



Extractive Mineral Permit

Description of rehabilitation works to be undertaken - information to be entered here or attached separately.

Lodgement methods

Email <u>titles.info@nt.gov.au</u>

Mail Department of Mining and Energy Mineral Titles Division GPO Box 4550 Darwin NT 0801 **In person** Mineral Titles 5th Floor Paspalis Centrepoint Building 48-50 Smith Street The Mall Darwin NT 0800

Further information

For more information, go to <u>www.nt.gov.au/mining-energy</u> or call 08 8999 5322.

Privacy statement

The Department of Mining and Energy (the department) is seeking information from you for the purposes of assessing your application under s131 of the Mineral Titles Act 2010 (the Act). This information will be kept confidential except as required by law.

The department is required to keep a register of mineral titles under s121 of the Act. Any person may obtain copies of this information under s121 and s128 of the Act, on payment of the prescribed fee.