

Notice of transfer of a waste discharge licence

Section 92 Water Act 1992

Fields marked with an asterisk (*) are required.
Fields marked with a caret (^) are for office use only.

For guidance on completing this form please refer to the *Guidelines on Waste Discharge Licensing under the Water Act* available at [Waste Discharge Licence Guidelines](#).

Information on this form is being collected for the purpose of notifying the Controller of Water Resources that an interest relating to a current waste discharge licence has been transferred to another entity. Information is collected and managed in accordance with the Northern Territory Government Privacy Statement and *the Information Act 2002*. The privacy statement can be found at: [NTG Privacy Statement](#).

Details of licence

Licence number	
Expiry date	
Previous holder of the licence	

Date and reason for transfer of interest

Please provide details of the transfer of interest. Include as attachments any documents that may provide evidence of the transfer of interest to another person.

Date of transfer	
Reason for the transfer - e.g. sale of interest, expiration of lease	
Summary of attachments included with this notification that provide evidence of the transfer of interest to another person	
Indicate the number of additional pages attached to this application	

3. Details of the transferee (the person who now has the interest in the land)			
Please provide company check. Include attachment of the company details (ABN/ACN)			
Full name			
ABN/CAN (body corporate)			
Registered business address			
Postal address			
Contact person			
Daytime contact no.		Mobile no.	
Email including for service of documents and notices			
Declaration			
<p>A person with legal authority must sign the declaration. For a licence to be granted in the name of each person in a partnership or a joint interest, each partner of joint interest must sign the declaration.</p> <p>I hereby declare that the information provided in this application and accompanying document is to the best of my knowledge, true and correct.</p>			
	Applicant 1	Applicant 2	
Signature			
Full name			
Position (if applicable)			
Date			
Seal (if signing under seal)			
Indicate the number of pages attached to this application (where relevant)			

Where and how to submit the form

Submit the completed application and attachments via email to waste@nt.gov.au

Office use only^

Date received^		Reference^	
Received by^			