|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | |
| Water Act 1992 section 95(4) | | | | | | | | | | | | |
|  | | | | | | | | | | Form 95.4 | | |
| This is an approved form under regulation 3 of the Water Regulations 1992*.* The information on this form is being collected for the purpose of assessing a request to have information suppressed from publication on the grounds of commercial confidentiality. | | | | | | | | | | | | |
| 1. Applicant and contact details | | | | | | | | | | | | |
| For an application for a joint licence, details must be completed for each joint applicant. | | | | | | | | | | | | |
| **Applicant name** | | | | | |  | | | | | | |
| **Contact person** | | | | | |  | | | | | | |
| **Postal address**  (Note: an Australian address must be provided.) | | | | | |  | | | | | | |
| **Phone number** | | | | | |  | | | | | | |
| **Mobile number** | | | | | |  | | | | | | |
| **Email address** (will be used for all correspondence) | | | | | |  | | | | | | |
| 1. Licence details | | | | | | | | | | | | |
| **Licence number** | | |  | | | | | | | | | |
| **Expiry date** | | | / / | | | | | | | | | |
| 1. Basis for commercial confidentiality claim | | | | | | | | | | | | |
| What information do you consider to be commercially confidential? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Why do you claim this information is commercially confidential? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Demonstrate how a competitor could use the information claimed as being commercially confidential for their commercial gain? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Has this information previously been available to the public? | | | | | | | | | | | | Yes / No |
| If no, what actions have you taken to prevent disclosure of the commercially sensitive information? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Has the information for which you are claiming commercial confidentiality, ever been disclosed to another person, (other than to a person bound by confidentiality either through their employment by you, by a professional relationship, or as an officer of a government authority), or released in any public report? | | | | | | | | | | | | Yes / No |
| If yes, please provide the following details. | | | | | | | | | | | | |
| **Name of the person** | | | | |  | | | | | | | |
| **Address of the person** | | | | |  | | | | | | | |
| Explain why the information was disclosed. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Is (or has) the information being (or been) assessed as commercial confidential by any other person or entity (including a Commonwealth, state or territory authority)? | | | | | | | | | | | | Yes / No |
| If yes, by who and what was the outcome? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Has the commercially sensitive information been patented? | | | | | | | | | | | | Yes / No |
| If yes, please provide the following details. | | | | | | | | | | | | |
| **Patent number** | |  | | | | | | | | | | |
| **Patent by** | |  | | | | | | | | | | |
| Attach a copy of any information (or a statement) that will support these claims. | | | | | | | | | | | | |
| Can the information, the subject of this application, be modified in such a manner that it would protect commercial confidentiality, be placed on the public register and not be misleading? | | | | | | | | | | | | Yes / No |
| If yes, please detail the modification that will protect commercial confidentiality. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. Consent | | | | | | | | | | | | |
| Do you consent to receive all service of documents via email address, as provided above? | | | | | | | | | | | Yes / No | |
| Do you consent to being contacted by from time to time about work undertaken by the Water Resources Division including; water monitoring activities, water management programs, water allocation plan development, updates to policies and procedures? | | | | | | | | | | | Yes / No | |
| 1. Declaration | | | | | | | | | | | | |
| I hereby declare that the information provided in this application and accompanying document is to the best of my knowledge, true and correct. | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | |
| Name (print) |  | | | | | | | | | | | |
| Position |  | | | | | | | | | | | |
| Date |  | | | | | | | | | | | |
| Seal (if signed under seal) |  | | | | | | | | | | | |
| **Indicate the number of pages attached to this application** | | | | | | | |  | | | | |
| Where and how to submit this form Email your completed application to [water.licensing@nt.gov.au](mailto:water.licensing@nt.gov.au) | | | | | | | | | | | | |
| Office use only | | | | | | | | | | | | |
| **Date received** | | | | / / | | | **Reference** | |  | | | |
| **Received by** | | | |  | | | | | | | | |
| End of form | | | | | | | | | | | | |