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| 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
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| 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
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| What information do you consider to be commercially confidential? |
|  |
| Why do you claim this information is commercially confidential? |
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| Demonstrate how a competitor could use the information claimed as being commercially confidential for their commercial gain? |
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| 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
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| 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 formEmail your completed application to water.licensing@nt.gov.au |
| Office use only |
| **Date received** |  / / | **Reference** |  |
| **Received by** |  |
| End of form |