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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 49 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Form S49A | |
| This is an approved form in accordance with regulation 3 of the Water Regulations 1992. Information on this form is being collected for the purposes of assessing your application for a driller licence under the Water Act 1992. This form must be completed by the legal entity seeking the licence or their authorised representative. Lodging information In accordance with Water Regulation 3(4), if a person provides an application with insufficient information to enable a proper decision to be made, the department may return the application for completion.  An application is lodged when this application form is complete with an attached Module A Exam. You must score at least 80 per cent on the Module A Exam for your application to progress. Please use the checklists provided below to ensure all requirements are met and your application is complete. | | | | | | | | | | | | | | | | | | |
| 1. Applicant details | | | | | | | | | | | | | | | | | | |
| This name will appear on the licence if granted. | | | | | | | | | | | | | | | | | | |
| **Name** | | | | |  | | | | | | | | | | | | | |
| **Date of birth** | | | | |  | | | | | | | | | | | | | |
| **Postal address** (include state and postcode) | | | | |  | | | | | | | | | | | | | |
| **Residential address** (include state and postcode) | | | | |  | | | | | | | | | | | | | |
| **Email address** (for all correspondence) | | | | | | | |  | | | | | | | | | | |
| **Phone** |  | | | | | **Fax** | |  | | | | **Mobile** | |  | | | | |
| 1. Licence(s) held in other states of Australia | | | | | | | | | | | | | | | | | | |
| **State** | | | **Licence number** | | | | **Class1** | | | **Endorsement2** | | | | | | **Restrictions** | | |
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| 1 Class 1, Class 2 or Class 3  2 rotary mud, rotary air, sonic, cable tool, auger | | | | | | | | | | | | | | | | | | |
| 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 from time to time about work undertaken by the Water Resources Division including: water monitoring activities, water management programs, water allocation plan development and updates to policies and procedures? | | | | | | | | | | | | | | | | | | Yes / No |
| 1. Declaration | | | | | | | | | | | | | | | | | | |
| I confirm I am up to date with the Minimum Construction Requirements for Water Bores in Australia. | | | | | | | | | | | | | | | | | | Yes / No |
| I have not breached the NT Water Act 1992 and Water Regulations 1992 or any other state Acts and Regulations governing drilling. | | | | | | | | | | | | | | | | | | Yes / No |
| Comments: | | | | | | | | | | | | | | | | | | |
| I hereby declare that the information provided in this application is to the best of my knowledge, true and correct. | | | | | | | | | | | | | | | | | | |
| Applicant’s signature | | | |  | | | | | | | | | | | | | | |
| Name (print) | | | |  | | | | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | | | | | |
| Where and how to submit this form Email your completed application with photograph and Module A Exam to [water.licensing@nt.gov.au](mailto:water.licensing@nt.gov.au) | | | | | | | | | | | | | | | | | | |
| Applicant checklist | | | | | | | | | | | | | | | | | | |
| A checklist for information that must be included with this application. | | | | | | | | | | | | | | | | | | |
| Details | | | | | | | | | | | **Attached** | | | | **Comments** | | | |
| **Recent passport style electronic photograph** | | | | | | | | | | | Yes / No | | | |  | | | |
| **Module A Exam (and example statement of bore from exam)** | | | | | | | | | | | Yes / No | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Office use only | | | | | | | | | | | | | | | | | | |
| **Date received** | | / / | | | | | | | **Reference** | | | |  | | | | | |
| **Received by** | |  | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | |