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| Section 1 – Project details | | | | | | | | | | | | | | | | | |
| Authorisation – Please mark with an X all relevant options | | | | | | | | | | | | | | | | | |
| New Authorisation  Section 36(1) *Mining Management Act* | | | |  | | **Variation of Authorisation**  Section 38(1) *Mining Management Act* | | | | | | | | | | |  |
| Exploration | |  | | **Extractive** | | | |  | | | **Mining** | | | | | |  |
| Project name  Please provide a new or existing project name | |  | | | | | | | | | | | | | | | |
| Authorisation number  Insert existing authorisation number in the space below, where applicable. | |  | | | | | | | | | | | | | | | |
| Section 2 – Operator details | | | | | | | | | | | | | | | | | |
| Name of Operator  Use ASIC-ABR registered name (if a company) or name of applicant | |  | | | | | | | | | | | | | | | |
| ACN  Leave ACN/ABN blank if not relevant | |  | | | | | | | | ABN | | |  | | | | |
| Postal Address | |  | | | | | | | | | | | | | | | |
| State | |  | | | | | **Post Code** | | | | | | |  | | | |
| Street Address | |  | | | | | | | | | | | | | | | |
| State | |  | | | | | **Post Code** | | | | | | |  | | | |
| Contact Person  Include name, title and position | |  | | | | | | | | | | | | | | | |
| **Phone (business)**  Include area code | |  | | | | | **Phone (mobile)** | | | | | | |  | | | |
| **Email Address**  Note: all correspondence will be sent via email | |  | | | | | | | | | | | | | | | |
| Section 3 – Declaration | | | | | | | | | | | | | | | | | |
| I hereby declare that:  The information provided in this application, and including the attached associated Mining Management Plan, is correct and accept that failure to supply the information required may delay processing of this application; | | | | | | | | | | | | | | | | | |
| **Director Name -** please print | |  | | | | | | | | | | | | | | | |
| **Director Signature** | |  | | | | | | | | | | **Date** | | |  | | |
| **Director or Company Secretary Name -** please print | |  | | | | | | | | | | | | | | | |
| **Director or Company Secretary Signature** | |  | | | | | | | | | | **Date** | | |  | | |
| \*Applications must be accompanied by the Mining Management Plan (MMP) for assessment and, if necessary, a completed Nomination of Operator Form. | | | | | | | | | | | | | | | | | |
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