*Environmental Protection Act 1994*

Application to change the anniversary day of an environmental authority

*This approved form is to be used by the holder of an environmental authority (EA) to request a change to the anniversary day of an EA under section 316L of the* Environmental Protection Act 1994 *(EP Act).*

|  |  |
| --- | --- |
| **GUIDE**If you require assistance in answering any part of this form, or have any questions about your application please contact the relevant department. Contact details are at the end of this form.The EA number and details may be found on the existing EA or quoted in other correspondence received from the administering authority. If more space is required for any responses, please attach additional information as a separate page.If there is an agent acting on behalf of the EA holder, provide details in this section. An agent could be a consultant or a contact for the EA holder. As statutory documents need to be sent to all applicants, this section can also be used when there are multiple EA holders to nominate an address for statutory documentation to be sent ‘care of’ to. | **Application details** |
| Environmental authority details

|  |
| --- |
| ENVIRONMENTAL AUTHORITY NUMBERInsert reference number. |
| ENVIRONMENTAL AUTHORITY HOLDER NAMESInsert names. |

**Agent details/address for service**The address supplied here will also be used as a service address for sending statutory documents. If this section is left blank, statutory documents will be sent to the address previously supplied for the holder or principal applicant for the EA.

|  |
| --- |
| INDIVIDUAL OR BUSINESS NAME (INCLUDE TRADING NAME IF RELEVANT)Insert name. |
| RESIDENTIAL ADDRESS OR REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX ADDRESS)Insert address. |
| POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)Insert address. |
| CONTACT PERSONInsert name. |
| PHONEInsert phone no. | FACSIMILEInsert fax no. |
| EMAILInsert email. |

 |
|  | Current anniversary day

|  |
| --- |
| CURRENT ANNIVERSAY DAYInsert current anniversary day. |

 |
|  | Proposed anniversary day

|  |
| --- |
| PROPOSED ANNIVERSAY DAYInsert proposed anniversary day. |

 |
|  | Reason for change to anniversary day

|  |
| --- |
| REASON FOR CHANGEInsert reason. |

 |
| The first step towards payment is to calculate the fees payable. Information on these fees can be located at [Forms and fees for environmental authorities | Business Queensland](https://www.business.qld.gov.au/running-business/environment/licences-permits/forms-fees)Credit card payments over the phone are still available at Department of Agriculture and Fisheries for applications for ERA 2, ERA 3, and ERA 4. | Payment of fees

|  |  |
| --- | --- |
| The anniversary day changeover fee is: | $ Insert amount |
| *For fees payable to the Department of Environment, Science and Innovation:* |
| [ ]  | Email the completed application with a request to pay the application fee by Bpoint.  Please do not email your credit card details – we will send you a link to pay securely by credit card via BPoint. |
| *For fees payable to the Department of Agriculture and Fisheries:* |
| [ ]  | Cheque or money order payable to the Department of Agriculture and Fisheries (attached) |
| [ ]  | For credit card payment, please provide contact details and we will contact you for payment to be made over the telephone:Telephone number:       |

 |
| Where there is more than 1 holder of the EA, this declaration is to be signed by all holders, unless there is an agreement between all holders that 1 can sign on behalf of the other. **Note:** If only 1 holder is signing this application form, they are committing all holders to the content of the application and the declaration. Where the EA holder is a company, this form must be signed by an authorised person for that company. **Privacy statement**The Departments of Environment. Science and Innovation (DESI) and Agriculture and Fisheries (DAF) are collecting the information on this form to process your application to change the anniversary day of an EA. This collection is authorised under sections 310 to 313 of the EP Act. Your personal information will only be accessed by authorised employees within these departments and will not be disclosed to any other parties unless authorised or required by law. For queries about privacy matters please email **privacy@des.qld.gov.au** or telephone: 13 74 68. | Declaration**Note:** If you have not told the truth in this application you may be prosecuted.Where an agreement is in place between all holders of the EA, that 1 holder can sign on behalf of the other joint holders, please tick the below checkbox. [ ]  I have the authority to sign this form on behalf of all the joint holders of the EA. I declare that:* I am the holder of the EA, or authorised signatory holder of the EA.
* The information provided is true and correct to the best of my knowledge. I understand that it is an offence under section 480 of *the* EP Actto give to the administering authority or an authorised person a document containing information that I know is false or misleading in a material particular.
* I understand that under section 480A of the EP Act that, if I am required to give a document to the administrating authority or an authorised person, it is an offence to give a document that contains incomplete information in a material particular.
* I understand that failure to provide sufficient information may result in the application being refused
* I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.
* I understand that an incomplete application (including applications that do not include the correct fee) may be invalid. Invalid applications will be returned without processing and will only be processed if resubmitted with all invalidating issues addressed.

|  |
| --- |
| APPLICANT’S NAME Insert name. |
| APPLICANT’S SIGNATURE |
| POSITION OF SIGNATORYInsert position. | DATEClick here to enter a date. |
| JOINT HOLDER’S NAME (IF APPLICABLE)Insert name. | JOINT HOLDER’S SIGNATURE (IF APPLICABLE) |
| JOINT HOLDER’S NAME (IF APPLICABLE)Insert name. | JOINT HOLDER’S SIGNATURE (IF APPLICABLE) |

 |
|  | **Applicant checklist**[ ]  Application form has been signed and all questions completed. |
| **Further information**The latest version of this publication can be found at [ESR/2015/1732](https://www.desi.qld.gov.au/policies?a=272936:policy_registry/era-ap-change-anniversary-day.docx). | Please submit your completed application kit to:**For ERA 2, ERA 3 or ERA 4**

|  |  |
| --- | --- |
| **Post:**Senior Environmental ScientistAnimal IndustriesDepartment of Agriculture and FisheriesPO Box 102TOOWOOMBA QLD 4350 | **Enquiries:**Phone:  07 4688 1374Fax:  07 4529 4192Email: **livestockregulator@daf.qld.gov.au** |

**For all other ERAs**

|  |  |
| --- | --- |
| **Post:**Department of Environment, Science and InnovationGPO Box 2454BRISBANE QLD 4001 | **Enquiries:**Permits and LicensingPhone: 13 QGOV (13 74 68)Email: **palm@des.qld.gov.au** |

 |