

# Environmental Authority Transfer Application Form



**Privacy Notice:** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under the *Environmental Protection Act 1994*. Some information may be given to the State Government authority administering the *Environmental Protection Act 1994*. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

This form is to be used when applying to transfer an environmental authority. The application must be submitted with the relevant fee and business details.

P: 07 4932 9000 | E: [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

## Current Environmental Authority Holder Details

EA holder name:  
*(if partnership or company)*

EA holder name:  
*(if individual)*

First

Middle

Last

Trading name:

Environmental authority number:

Location of activity:

Postal address

Preferred contact number:

Email:

## Proposed Environmental Authority Holder Details

Applicant name:  
*(if partnership or company)*

ABN:

Applicant name:  
*(if individual)*

First

Middle

Last

Trading name:

Environmental authority number:

Location of activity:

Postal address

Preferred contact number:

Email:

Preferred delivery method:  Email  Post  Collect – (Rockhampton, Gracemere, Mt Morgan)

*Email is the standard form of delivery. If this is method is unsuitable please select an alternative.*

## Suitable Operator

I am a registered suitable operator: Suitable operator registration number:

I have lodged an application with the Department of Environment and Heritage Protection to be a registered suitable operator and am waiting for it to be decided on

I am not an existing registered suitable operator and I have not yet lodged an application to become a registered suitable operator *(please submit a completed [Application to be a Registered Suitable Operator](#) with this application)*

**OFFICE USE ONLY**

Date:

CSO:

Information checked: Y / N

Amount: \$

Receipt number:

EA number:

**Transfer Details** *(please select relevant options that apply, and describe in detail the proposed transfer requested)*

- |  |   |
|--|---|
| <input type="checkbox"/> Transfer the entire environmental authority to a new person | <input type="checkbox"/> Transfer part of the environmental authority to a new person including adding a new joint holder |
| <input type="checkbox"/> Removing a joint holder from the environmental activity     | <input type="checkbox"/> Other  |

Please provide details of the proposed transfer:

**Principle Applicant Appointment**

We, being joint applicants for this environmental authority, hereby nominate the following principal applicant:

**Name of principal applicant:**

Name/company:	ABN:
Signatory name and position:	
Signature:	Date:

Name/company:	ABN:
Signatory name and position:	
Signature:	Date:

Name/company:	ABN:
Signatory name and position:	
Signature:	Date:

Name/company:	ABN:
Signatory name and position:	
Signature:	Date:

## Current Holder Declaration

Where agreed between all holders of the environmental authority that one holder can sign on behalf of the other joint holders, please tick the checkbox below.

I have authority to sign this form on behalf of all the joint holders of the environmental authority.

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.

Name: Signature: Date:

Signatory name: Signatory position:  
*(if partnership or company)* *(if partnership or company)*

## Proposed Holder Declaration

Where agreed between all holders of the environmental authority that one holder can sign on behalf of the other joint holders, please tick the checkbox below.

I have authority to sign this form on behalf of all the joint holders of the environmental authority.

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.

Name: Signature: Date:

Signatory name: Signatory position:  
*(if partnership or company)* *(if partnership or company)*

## Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

[Application to be a Registered Suitable Operator](#) *(if applicable)*

## Fees and Charges

For a full list of fees and charges please refer to Council's [Fees and Charges Schedule](#).

## Payment Information

**In person** | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.

**By phone** | Customer Service staff will contact you regarding payment via credit card or debit once this form is received.

**By post** | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.