



**FEE \$ 232.00**  
**GST exempt**  
**01/07/17 - 30/06/18**  
Form No: EMLR01v5

**EASTERN MOUNT LOFTY RANGES PWRA**  
**APPLICATION FOR WATER LICENCE**

Pursuant to Section 146 of the *Natural Resources Management Act 2004*  
Eastern Mount Lofty Ranges PWRA includes the Eastern Mount Lofty Prescribed Watercourses (PWC), Eastern Mount Lofty Prescribed Wells Area (PWA) and Eastern Mount Lofty Surface Water Prescribed Area (SWPA)

*A person who furnishes information to the Minister or another authority under the Natural Resources Management Act 2004 (the Act) that is false or misleading in a material particular is guilty of an offence.*  
*Maximum penalty: \$20 000.*

SECTION 1: APPLICANT DETAILS		
Full Name(s) of applicant(s)		
Full Name(s) of applicant(s)		
Full Name(s) of applicant(s)		
Full Name(s) of applicant(s)		
If Body Corporate: ACN		
Contact Name		
Address		
Town/Suburb	State	Postcode
Home Phone	Work Phone	Mobile Phone
Email	Fax	

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area:				

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 2: SIGNATURE OF THE APPLICANT**

**NOTE: Each applicant must complete ONE (only) of the following alternatives**  
I/We declare that the information that has been provided on this application is true and correct.

SIGNED:

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:
Print Name	
Position held	
Signature	
Print Name	
Position held	

**RETURN APPLICATION AND PAYMENT TO:**

Make cheques or money orders payable to:  
Department for Environment and Water

Return application and payment to:  
Department for Environment and Water  
PO BOX 240  
BERRI SA 5343

**Office Location:**

2 Wade Street  
BERRI SA 5343  
Telephone enquiries: (08) 8595 2053