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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. | | | | | | | | | | | | | | | |
| Before you fill in the form Information on this form is required in accordance with the conditions of a waste discharge licence issued under the *Water Act 1992*.  Failure to provide the information requested on this form and/or the provision of false or misleading information is an offence under the legislation and can attract heavy penalties. | | | | | | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are required.  Fields marked with a caret (^) are for office use only. | | | | | | | | | | | | | | | | |
| Details of licence \* | | | | | | | | | | | | | | | | |
| Licence number | | | | | |  | | | | | Reporting period | | | |  | |
| Licence holder details \* | | | | | | | | | | | | | | | | |
| Are your business details and contact details including 24 hour emergency response published online **[[1]](#footnote-1)** correct? | | | | | | | | | | | | | | | | Y / N |
| If ‘YES’, go to compliance section | | | | | | | | If ‘NO’, complete below | | | | | | | | |
| Licence holder | | | | |  | | | | | | | | | | | |
| ABN | |  | | | | | | | ACN | | |  | | | | |
| Registered business address | | | | | | |  | | | | | | | | | |
| Postal address | | | | |  | | | | | | | | | | | |
| Contact details – for all correspondence about this licence. | | | | | | | | | | | | | | | | |
| First name | | | |  | | | | | | Last name | | | |  | | |
| Position title | | | | |  | | | | | | | | | | | |
| B/hours phone | | | | |  | | | | | Mobile | | |  | | | |
| Email | | |  | | | | | | | | | | | | | |

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| Emergency contact – details for someone who can respond to an incident related to the licence activity 24/7 | | | | | | | | | | | | | |
| First name |  | | | | | | | Last name | |  | | | |
| Position description | | | |  | | | | | | | | | |
| Phone number | |  | | | | | | | | | | | |
| Compliance \* | | | | | | | | | | | | | |
| Were all conditions of the licence/approval complied with during the reporting period? | | | | | | | | | | | | | Y / N |
| If ‘YES’, go to declaration | | | | | | If ‘NO’, complete details below. Add more rows as needed. | | | | | | | |
| Incidents/non-compliances notified to the controller  List incidents/non-compliances notified to the controller in the reporting period | | | | | | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Date and method of notification | | | | |  | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Date and method of notification | | | | |  | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Date and method of notification | | | | |  | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Date and method of notification | | | | |  | | | | | | | | |
| Other incidents/non-compliance  List incidents/non-compliances not reported to the controller in the reporting period. Attach a document with any details required to be reported as set out in the waste discharge licence conditions. | | | | | | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Details | | | | |  | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Details | | | | |  | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Details | | | | |  | | | | | | | | |
| Date of incident/non-compliance | | | | |  | | | | Condition number | | |  | |
| Details | | | | |  | | | | | | | | |
| Privacy | | | | | | | | | | | | | |
| The details you provide are published on the Northern Territory Environment Protection Authority website[[2]](#footnote-2).  If you have any questions about how your personal information will be handled or would like to gain access to your personal information, you can contact Environment Division within the Department of Environment, Parks and Water Security. For more information, read our privacy policy[[3]](#footnote-3). | | | | | | | | | | | | | |
| Declaration \* | | | | | | | | | | | | | |
| A person with legal authority must sign the declaration. For a licence to be granted in the name of each person in a partnership or a joint interest, each partner or joint interest must sign the declaration.  I hereby declare that the information provided in this application and accompanying document/s is, to the best of my knowledge, true and correct. | | | | | | | | | | | | | |
| Signatory 1 | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | |
| First name | | |  | | | | Last name | | | |  | | |
| Positon | | |  | | | | Date | | | |  | | |
| Seal (if signing under seal) | | |  | | | | | | | | | | |
| Signatory 2 | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | |
| First name | | |  | | | | Last name | | | |  | | |
| Positon | | |  | | | | Date | | | |  | | |
| Seal (if signing under seal) | | |  | | | | | | | | | | |

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| --- | --- | --- | --- |
| Office use only^ | | | |
| Date received ^ |  | Reference ^ |  |
| Received by ^ |  | | |
| Document Control | | | |
| Date form approved | 14/12/2023 | | |
| Approved by | Executive Director Environmental Regulation | | |
| How to submit this form Email the completed application and attachments to [environmentalregulation@nt.gov.au](mailto:environmentalregulation@nt.gov.au) | | | |
| End of form | | | |

1. <https://ntepa.nt.gov.au/your-business/public-registers/licences-and-approvals-register/waste-discharge-licences> [↑](#footnote-ref-1)
2. <https://ntepa.nt.gov.au/your-business/public-registers/licences-and-approvals-register/waste-discharge-licences> [↑](#footnote-ref-2)
3. <https://depws.nt.gov.au/consultation-publications/privacy-policy> [↑](#footnote-ref-3)