

Application Form

Permit to conduct a group activity

OFFICIAL USE ONLY

DATE RECEIVED

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FILE REF

PROJECT REF

COMPLETE FORM

ENTERED BY [SIGNATURE]

DATE

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RECEIPTING DETAILS ONLY

DATE RECEIVED

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RECEIPT NUMBER

AMOUNT RECEIVED

\$

PROCESSED BY (INITIALS AND NAME)

GUIDE

0. The applicant is the person intending to carry out the activity and in whose name the relevant permits or licences are to be issued.

The registered address is legally required for the serving of notices.

It is the address of a person and cannot be a post office box.

If more than one applicant as part of a partnership, please complete the "Joint applicant form".

Important information for applicants

Information requested in this form is required to enable your application for a group activity permit to be processed. If you have any difficulties completing the form, contact the Permits Officer – Southern Region on Ph: (07) 3227 7999 or (07) 3234 1970.

Your application must be assessed and a permit granted by the chief executive before you can proceed with the nominated activity.

Please read the information sheets and any guidelines included with your application kit. Before submitting this application you should understand the requirements of the *Nature Conservation Act 1992 (NCA)*, *Forestry Act 1959*, *Recreation Areas Management Act 1988* and subordinate legislation relevant to your proposed activity.

Tick relevant boxes below if the applicant(s) are:

- an individual or sole trader
- individuals in a partnership (please also complete the Joint Applicant form)
- individual(s) acting on behalf of an unincorporated organisation
- an incorporated company
- an incorporated association
- a statutory authority
- a body politic
- other (please provide details) _____

1. Applicant(s) details

If acting on behalf of a legal entity please provide principal contact or person in charge details

APPLICANT'S FULL NAME	TITLE	DATE OF BIRTH
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REGISTERED ADDRESS	POST CODE
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TELEPHONE	FACSIMILE	MOBILE	E-MAIL
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POSTAL ADDRESS (WRITE "AS ABOVE" IF THE SAME AS REGISTERED ADDRESS)	POST CODE
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0. The applicant is the registered legal entity (not a business trading name) intending to carry out the activity and in whose name the relevant permits or licences are to be issued.

The registered address is legally required for the serving of notices. It is the registered business address of the company making the application and cannot be a post office box.

Enter the Australian Company Number (ACN) of the incorporated company or the Association Number (AN) of the incorporated association; or the title and section of the legislation that gives the statutory corporation its legal status.

Note for NCA applications the ACN must be provided

2. Registered legal entity details

If acting on behalf of a legal entity please provide details of the legal entity.

REGISTERED LEGAL ENTITY NAME

TRADING NAME (IF APPLICABLE)

REGISTERED ADDRESS	POST CODE
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TELEPHONE	FASCIMILE	E-MAIL
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POSTAL ADDRESS (WRITE "AS ABOVE" IF THE SAME AS REGISTERED ADDRESS)	POST CODE
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ACN/AN OR TITLE AND SECTION OF LEGISLATION
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3. Authorised signatory

The authorised signatory is the person authorised to sign an application on behalf of a corporation and in doing so declares that the corporation will be bound by the conditions associated with the granting of the licence or permit.

AUTHORISED SIGNATORY FULL NAME	TITLE
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POSITION IN CORPORATION

4. Applicant suitability for permits issued under the *Nature Conservation Act 1992*

The permit may be granted if the applicant is an appropriate person to hold the permit, that is, if the applicant has the character, knowledge and ability relevant to the activities that may be carried out under the permit.

QUESTIONS		DETAILS
1. During the past 10 years have you ever (in Queensland or elsewhere) been found guilty of any criminal offence or entered a plea of guilty in a Court? (Note: does not include simple traffic offences such as parking, speeding). If yes, provide details of the offence/s.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Have you ever had an equivalent permit from another State or country that was suspended and/or cancelled? If yes, provide details about the permit, the date it was suspended and/or cancelled and reasons for suspension/cancellation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

The dates you intend to be on the nominated area.

5. Project details

(a) Pre-lodgement

Have you previously attended a pre-lodgement meeting or submitted a pre-lodgement form for this project?

NO YES

PROJECT NUMBER (IF APPLICABLE)

(b) Specify the duration of the new permit

DATE FROM	DATE TO (INCLUSIVE)

Select an activity that best describes your proposal. Additional pages may need to be attached to the application to provide this information

(c) Activity details

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Abseiling 3. Bushwalking 5. Civil or religious ceremony 7. Hang gliding 9. Training exercise 11. Motorised activity 13. Orienteering 15. Rock climbing | <ul style="list-style-type: none"> 2. Bicycle riding 4. Canoeing / rafting / kayaking 6. Competitive event 8. Horse riding 10. Motorcycling riding 12. Night activities 14. Picnicking 16. Swimming |
|--|---|

17. Other (please give details in the space provided)

If you require more space, please attach a separate sheet

(d) Describe your proposed activity in detail:

(e) Nominated areas

Name the area/s in which the activity is to take place

If more space is required, attach a separate list to this application.

ACTIVITY NUMBER	PARK / FOREST NAME	SITES / ROADS	NUMBER OF PARTICIPANTS	CAMPING YES / NO	EXPECTED TIME OF ARRIVAL	EXPECTED TIME OF DEPARTURE

If your proposal includes roads or watercourses, please provide a map of the proposed route.

Note: Lodging an application without the appropriate map details may delay the assessment of your application.

(f) Indication of vehicle, vessel, structures and equipment

List of style and size of vehicle / vessels / structures and equipment to be used in conjunction with the activity.

ACTIVITY DATE	ACTIVITY NUMBER	VEHICLE ACCESS REQUIRED YES / NO	VEHICLE / VESSEL / STRUCTURE TYPES EG 4WD / COACH / MT BIKES / TENTS / MARQUEE ETC	NO. OF VEHICLES / VESSELS INVOLVED

(g) Competitive events (if applicable)

Please complete this section if you are conducting an event that is competitive in nature or part of the event is competitive in nature.

START TIME OF EVENT	DURATION OF EVENT	ESTIMATED NUMBER OF COMPETITORS	ESTIMATED NUMBER OF SPECTATORS	DAY USE YES / NO	CAMPING YES / NO	CAMPING LOCATION

6. Applicant’s certification

Note: If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.

I have read and understand the public liability, indemnity release and discharge requirements of the QPWS and I agree to comply with and be bound by these conditions

I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

I understand that information supplied on or with this application form may be disclosed publicly in accordance with the *Freedom of Information Act 1992* and the *Evidence Act 1977*.

APPLICANT’S SIGNATURE

DATE

Complete the following checklist.

- Application form(s) signed and completed
- Permit fees paid or enclosed (if applicable)
- Supporting information attached (e.g. maps)

Please return your completed application kit to:

Assessments and Approvals Unit
Queensland Parks and Wildlife Service
PO Box 15155
City East Qld 4002

Ph: (07) 3234 1970 / (07) 3227 7999

Fax: (07) 3225 1856

Note: Insurance Requirements – (Refer to Operational policy - Public liability insurance, indemnity, release and discharge requirements)

If this application is successful you may be required to hold public liability insurance and indemnify and release the QPWS. Please refer to the Operational policy - Public liability insurance, indemnity, release and discharge requirements. Some permits may only require indemnity, release and discharge.

PLEASE ALLOW AT LEAST 30 DAYS PROCESSING TIME FOR THIS APPLICATION. SHOULD FURTHER INFORMATION BE REQUIRED A FURTHER 30 DAYS MAY BE APPLICABLE.