



Environment Protection Authority
 GPO Box 2607 Adelaide SA 5001
 211 Victoria Square Adelaide SA 5000
 T (08) 8204 2004
 Country areas 1800 623 445

Email completed form to:
epalicensing@sa.gov.au
 Phone for enquiries: (08) 8204 2058

Application for Transfer of Environmental Authorisation (Licence, Exemption or Works Approval)

Pursuant to Section 49, *Environment Protection Act 1993*

This form needs to be completed if you want to apply for the transfer of an **existing** EPA environmental authorisation (licence, exemption or works approval).

If you need any help to complete the form, please contact EPA Licensing on (08) 8204 2058.

Once completed and signed by **BOTH** current and proposed Licensees, the form and the applicable transfer fee should be sent to EPA Licensing at the above postal or email address.

(Use BLOCK LETTERS throughout and ALL sections must be completed)

Note: A maximum penalty of up to \$60,000 applies for providing false or misleading information.

PART A

THIS SECTION IS TO BE COMPLETED IN FULL BY THE PRESENT AUTHORISATION HOLDER

Current authorisation number:		
Name of authorisation holder <i>(as it appears on the authorisation):</i>		
ACN / ABN (if applicable):	ACN:	ABN:

Current site address (including all current Certificate of Title details)		
	Certificate/s of Titles:	

Activities (as they appear on current authorisation)		

Declaration and consent of current authorisation holder

Please include the name(s) of person authorised to act on behalf of **current** Authorisation holder

I/We (the current authorisation holder) consent to the transfer of the authorisation listed above to the proposed new authorisation holder shown in Part B.

Name:		Position:	
Telephone:		Email:	
Signature:		Date:	

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Signature:		Date:	



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PART B

THIS SECTION IS TO BE COMPLETED IN FULL BY THE PROPOSED AUTHORISATION HOLDER (TRANSFEREE) AND SIGNED (ON THE BACK PAGE) BY AN AUTHORISED PERSON.

IF THE SUBMITTED FORM IS INCOMPLETE, IT CANNOT BE PROCESSED.

Are you (please tick one):

- Body corporate or company (has an ACN)?
- Natural person(s)?
- Statutory body (created by legislation)?
- Incorporated Association (created by legislation)?

Authorisations can only be transferred to a legal entity – not a trading or business name

Full name(s) of proposed authorisation holder(s):		
Trading as (if applicable):		
ACN/ABN: (if applicable)	ACN:	ABN:
Address of registered office:		

Postal address and email for all correspondence:	PO Box:		
	No:	Street Name:	
	Suburb:		
	State:	Postcode:	
	Email:		

Authorised contact for the proposed new authorisation holder(s) for EPA inquires

Name:	Given name:	
	Surname:	
Organisation (if different from proposed authorisation holder):		
Position:		
Address (if different from postal address above):	No:	Street Name:
	Suburb:	
	State:	Postcode:
Phone numbers:	Business:	Mobile:
	Emergency:	
Email:		

For additional authorised contacts, please add details under 'Additional Information' on the next page.



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Please tick (✓) 'Yes' or 'No'.

	Yes		No
Has the Applicant or a Director ever contravened this Act or has held an environmental authorisation or other authority that has been cancelled or suspended under this Act or any other environmental legislation in Australia?			

If the applicant is a body corporate: Has the applicant or a Director of the body corporate ever contravened this Act or has held an environmental authorisation of other authority that has been cancelled or suspended under this Act or any other environmental legislation in Australia?			
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Has the applicant been the director of another body corporate that has contravened this Act or has held an environment authorisation or other authority that has been cancelled or suspended under this Act or any other environmental legislation in Australia?			
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Additional Information:

Do you intend to continue all of the prescribed or specified activities listed in Part A?

Yes

No – please state the prescribed or specified activities to be removed

NOTE: ANY ADDITIONAL ACTIVITIES WILL REQUIRE A NEW LICENCE APPLICATION

Do you intend to conduct the prescribed or specified activities at the same premises listed in Part A? (not relevant for a mobile operator)

Yes

No

If you answer No to the above question, this application cannot be processed. You will need to submit a 'New Licence Application' form – for further clarification on this matter (or variation of, eg only some activities to be undertaken at a new site) please contact EPA Licensing on (08) 8204 2058.



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Please indicate the intended date for new authorisation holder to accept responsibility for all current authorised activities – Premises or Mobile (This application should be submitted 30 days prior to this date to ensure an effective transfer of the authorisation)

Transfer Date	
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ATTACHMENTS

The application cannot proceed until the relevant information has been provided as listed below. Please tick the attachments you have supplied.

- 1 Australian Securities and Investments Commission registered or historical company extract (applies only to bodies corporate)
- 2 Copy of Certificate(s) of Title for the site (not required for mobile activities)
- 3 Site plan (not required for mobile activities)
- 4 Any other attachments you feel are relevant to this application

TRANSFER FEES

TRANSFER FEE SCHEDULE

Environment Protection Regulations 2009 – Schedule 4 (Miscellaneous fees)

Authorisation fee last paid or fee on current outstanding invoice:	Fee:
(a) was less than \$1,000	\$109.50
(b) was not less than \$1,000 but not more than \$1,999	\$219.00
(c) was not less than \$2,000 but not more than \$4,999	\$438.00
(d) was not less than \$5,000 but not more than \$9,999	\$657.00
(e) was not less than \$10,000 but no more than \$49,999	\$1,095.00
(f) was \$50,000 or more	\$2,190.00

These fees are correct until 30 June 2021

PAYMENT OPTIONS

Mail

Make cheques or money orders payable to the 'Environment Protection Authority' and crossed 'Not Negotiable'. Do NOT include bank notes or coins. Mail with this form to the postal address on first page.

Credit card VISA Mastercard

Cardholder's name:

Card number:

CVV number:

Expiry date:

Amount of credit card payment (*payment only accepted within agreed trading terms*):

\$

Your telephone number (*if we need to contact you*):



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DECLARATION

If the applicant is:

- 1 A company or body corporate or proprietary company:
a director and/or company secretary and/or a person appointed as a responsible officer (*refer to interpretation of 'officer' in Section of the Act*) must sign this declaration
- 2 A natural person(s):
each person must sign this declaration, or a person legally authorised by the applicant
- 3 A statutory body:
a person whom the Minister has authorised must sign this declaration
- 4 An incorporated association:
a person(s) who is authorised under the rules of that association must sign this declaration
- 5 For government departments that do not involve a statutory body:
the Minister, or a person whom the Minister has authorised, must sign this declaration.
- 6 For joint applications:
all parties must sign this declaration.

I/We hereby declare that the information provided in this application and accompanying documents, to the best of my knowledge, is true and correct.

Name:		Position:	
Telephone:		Email:	
Signature:		Date:	

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