

**TRANSMISSION APPLICATION
by a executor, administrator or trustee**

Section 72 Water Management Act 2000

Before completing this form, carefully read the instructions available from Department of Lands, Land & Property Information Division (LPI). Failure to do so may lead to rejection. All handwriting must be in block capitals.

Leave this space clear for LPI use

PRIVACY NOTE: The Water Management Act 2000 authorises the collection of the information required by this form for the establishment and maintenance of the Water Access Licence Register. That Act allows for public access to the Register and for ministerial disclosure of information contained in the Register.

| CODE | DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT LPI | | | |
|------|---|-----------------------------|---|---------------|
| | TA | (A) Document Collection Box | (B) Name, Address or DX, Telephone, and LLPN if any | (C) Reference |

| | | |
|---------------------------------|-------------------------|------------------------|
| (E) WATER ACCESS LICENCE NUMBER | (F) LICENCE TENURE TYPE | (G) REGISTERED DEALING |
|---------------------------------|-------------------------|------------------------|

(H) DECEASED REGISTERED HOLDER

(I) APPLICANT

(J) The above applicant, being entitled as the _____ of the deceased registered holder (who died on _____) pursuant to _____ No. _____ granted on _____ (_____) apply to be registered as holder of the estate or interest of the deceased registered holder in the abovementioned—

DATE:

Evidence sighted & returned *[Office use only]*:

ADDITIONAL INFORMATION TO BE PROVIDED
Regulation 31(2) Water Management (General) Regulation 2004

Leave this space clear for LPI use

PRIVACY NOTE: The information provided below will not form part of the Water Access Licence Register and therefore will not be available to the public through the Department of Lands. For any enquiries regarding the use of this information contact the Department of Water and Energy.

EVIDENCE NUMBER

| Water Access Licence No. | Contact licence holder's details |
|--------------------------|---|
| | ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number: |
| | ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number: |
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| | ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number: |

The applicant states that the information provided herein is accurate and true.

Signature of applicant:

If signed on the applicant's behalf by a solicitor or barrister, insert the signatory's full name and capacity below: