



## Description of Form

This form is used to lodge an Expression of Interest to apply for a Grazing Licence under the *Crown Lands Act 1989* when a grazing opportunity has been advertised online.

## Contact Us

Department of Industry - Lands  
PO Box 2155  
DANGAR NSW 2309

T: 1300 886 235 (option 1)

F: 02 4925 3517

E: [licences@crowmland.nsw.gov.au](mailto:licences@crowmland.nsw.gov.au)

W: [www.crowmland.nsw.gov.au](http://www.crowmland.nsw.gov.au)

## Note: Form Lodgement

Completed submissions must be posted or delivered to the contact listed [online](#) for the relevant grazing opportunity. Submissions must be received no later than the time and date nominated for closing.

## Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Industry, Skills and Regional Development and will be used for purposes related to this application. NSW Department of Industry, Skills and Regional Development will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Industry, Skills and Regional Development website at [www.industry.nsw.gov.au/legal/privacy](http://www.industry.nsw.gov.au/legal/privacy)

## Applicant 1 details

This information may be used to positively identify you during your dealings with the Department of Industry - Lands (the Department)

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:			
First Name		Surname		
Email				
Residential address				
Postal address				
Daytime contact		Mobile		Fax

## Applicant 2 details

This information may be used to positively identify you during your dealings with the Department

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:			
First Name		Surname		
Email				
Residential address				
Postal address				
Daytime contact		Mobile		Fax

## Company Details (If applicable)

Organisation/Business Name				
Organisation/Business Contact Person				
ABN/ACN				
Organisation/Business address				
Postal address				
Daytime contact		Mobile		Fax

## Particulars of adjoining freehold land

Property Address (or locality)	
Parish/County	
Local Government Area	
Lot / Section / Plan No.	

## Particulars of Crown land

Attach a copy of any relevant map, street directory or sketch to show the location and boundary of proposed licence

Property Address (or locality)	
Parish/County	
Local Government Area	
Lot / Section / Plan No.	
Area	

## Land Management Strategy

(The details provided in this section of your application will determine the special conditions enforceable under the licence agreement. Please provide as much detailed information as possible)

1. **Proposed use of Crown land** (eg. particulars of existing and proposed structures required to supplement use, if used in conjunction with adjoining land or as a 'stand-alone' parcel of land and any other information relation to the use of Crown land)

2. Please identify the **type of stock** and the **stocking rate** you intend to apply to the land.

3. Please identify any immediate **management issues** you consider to be a priority for this parcel of land.

4. Does the parcel of land have a **creek/river** (or any other 'waterbody')?

No       Yes.

If yes, please provide details below and advise whether it is fenced off to exclude stock access?

5. Outline your **experience in land management** and how your knowledge and expertise will ensure ongoing appropriate management of the parcel of land.

6. Please outline your **Drought Management Strategy** (how do you intend to maintain acceptable groundcover during drought conditions eg. de-stocking, restricted grazing, sale, agistment, supplementary feeding)

7. Please outline your **Bushfire Hazard Reduction Plan** (under the *Rural Fires Act* landholders are required to take the necessary steps to prevent the occurrence and spread of bushfires)

8. Please describe current **fencing condition** and your intended maintenance/replacement program (boundary fences are to contain stock and any maintenance/replacement requires negotiation with adjoining landholder)

## Declaration of offer

I			
And I			
<input type="checkbox"/> Declare that the details supplied on this form and any supporting documents attached are true and correct to the best of my knowledge <input type="checkbox"/> Have read and understand the Licence Agreement and Conditions of offer and agree to the terms and conditions contained therein. <input type="checkbox"/> Confirm that I am / we are able to commence operations on the site <input type="checkbox"/> Declare that I am / we are over 18 years of age, and <input type="checkbox"/> Understand a fee of \$383.60 applies should my application be successful, as per the <a href="#">Fee schedule</a> on the Department's website.			
<input type="checkbox"/> Agree to a fixed rental rate <input type="checkbox"/> OR Submit a rental offer	amounting to	\$	per annum plus CPI
Signature		Date	
Signature		Date	

## Supporting documentation checklist

- Relevant map, street directory or sketch to show the location and boundary of proposed license

## Lodgement

Submissions must be received no later than the time and date nominated for closing. The completed submission must be placed into a sealed envelope, posted or delivered to the contact listed [online](#) for the relevant grazing opportunity.

Office use only – Refer to the Receipting and Referrals Codes Document					
<input type="checkbox"/> BCD	<input type="checkbox"/> BCN	<input type="checkbox"/> DO	Code		Account number
Fee Paid		Receipt Number		Date	