



Licence: revocation of existing tenure and issue of a new licence

Description of Form

This form is used when a licence holder wishes to have their tenure revoked and a new licence issued to a proposed new holder.

Note: All applications are considered on their own merits. No guarantee will be given as to the outcome of any application under the provisions of the Crown Land Act 1989.

Fee

\$383.60 - For further information on fees please refer to the [Fee schedule](#) on the NSW Department of Industry - Lands website.

Contact Us

For more information, please contact us at:

Department of Industry- Lands
PO Box 2155
DANGAR NSW 2309

T: 1300 886 235 (option 3, option 2)

F: 02 4925 3517

E: licences@crowmland.nsw.gov.au

W: www.crowmland.nsw.gov.au

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

Current holder details

Current holder 1

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			
Company Name					
Company contact person					
ABN/ACN					
Residential address					
Postal address					
Home		Work		Mobile	
Email					
Future contact details (if insufficient space below, please provide details and attach with application form)					

Current holder 2

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			
Company Name					
Company contact person					
ABN/ACN					
Residential address					
Postal address					
Home		Work		Mobile	
Email					
Future contact details (if insufficient space below, please provide details and attach with application form)					

Declaration – current holder(s)

Purpose of the existing licence					
Date of transfer					
<input type="checkbox"/> I <input type="checkbox"/> We, being the holder/s of the licence specified below request that the licence / permission occupancy be revoked and a new licence to authorise the occupation be used to the new holder/s listed below. On termination, I forgo any right to remove any authorised structures (see below) on the land.					
Licence/PO No:		Lot/Section/DP		Locality	
Authorised Structures					
Signatures of holder 1				Date	
Signatures of holder 2				Date	

Proposed new holder details

Application type

Applicant is	<input type="checkbox"/> A Business / Company	<input type="checkbox"/> Individual(s)
--------------	---	--

Business / Company information (new holder)

Please only complete if applicant is a business / company*

Business / Company Name	
ABN/ACN	
Contact Person	
Email address	
Locality/Street address	
Postal address	
Contact telephone	

* If applicant is a business / company, a current business / company search with details of the Directors is to be lodged with this application.

Individual 1 (new holder)

Please only complete if applicant is an individual

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			
Date of Birth					
Home address					
Postal address					
Email address					
Home telephone		Work		Mobile	
Future contact details (if insufficient space below, please provide details and attach with application form)					

Individual 2 (new holder)

Please only complete if there is more than one individual applicant

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			
Date of Birth					
Home address					
Postal address					
Email address					
Home telephone		Work		Mobile	
Future contact details (if insufficient space below, please provide details and attach with application form)					

Declaration - new holder(s)

Proposed use of licence area					
Business / Company signature (if applicable)					
Signatures of individual 1		Date			
Signatures of individual 2		Date			

To be completed by lodging agent

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		
Organisation						
Address						
Contact Phone				Email		
Your reference						
Date						

Fee

Tick appropriate:

- \$383.60** - Pay by cheque. Enclose a cheque payable to Department of Industry - Lands or
 \$383.60 - Pay by money order. Enclose a money order payable to Department of Industry - Lands

Supporting documentation checklist

- If applicant is a business / company, a current company search with details of the Directors is to be lodged with this application.
- If applicant is an Incorporation (Inc.), a copy of certificate of incorporation which verifies the registration of the incorporation is to be lodged with this application.
- Land Management Strategy details are to be provided for any licence with purpose of Grazing. If required, Management Strategy form attached.

Deceased estates only, please provide the following:

- Copy of will, death certificate and probate (if applicable).

Lodgement

→ Mail to Department of Industry - Lands, PO Box 2155 DANGAR NSW 2309

Office use only – Refer to the Receipting and Referrals Codes Document					
<input type="checkbox"/> BCD	Referral Code	BCDLI	Receipting Code	TEN/LI/GEN	
TRIM DOC		Fee paid		Receipt Number	
Account Number				Date	

Land Management Strategy (to be completed for any grazing licence)

(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)