



# Reserves: Authorisation of a person under section 153 of the Crown Lands Act 1989 Application

## Description of Form

This form is to be used when a Department of Industry - Lands reserve trust member or employee of a reserve trust requests to be nominated as an Authorised Person and to be issued with an Authority Card.

## Contact Us

Department of Industry - Lands  
PO Box 2185  
DANGAR NSW 2309

T: 1300 886 235 (Australia wide)  
T: 61 2 9842 8200 (International)  
F: 02 4925 3517

E: [enquiries@crowmland.nsw.gov.au](mailto:enquiries@crowmland.nsw.gov.au) [www.crowmland.nsw.gov.au](http://www.crowmland.nsw.gov.au)

## Privacy statement

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## Statutory Declaration

### To be completed by the person to be authorised

I (insert name)

of (insert address)

Suburb

State

Postcode

do solemnly and sincerely declare that I have not been convicted of an offence punishable by imprisonment for more than 12 months. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Signed

Date:

 /  / 

### Authorised witness

In the presence of an authorised witness, who states, I (insert name of authorised witness)

I,

a, (qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it:

I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

I have known the person for at least 12 months OR \*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was :

(describe identification document relied on)

Signature of authorised witness

Date:

 /  /

Declared before me this

this  day of  20

Justice of the Peace/Solicitor:

Reserve trust name:

Address for correspondence:

Suburb

State

Postcode

**Approval: Reserve Trust Chair**

**Signed:**

(please print name with signature below)

Date:  /  /

**Authorisation by Minister**

I hereby declare on behalf of the Minister, under Ministerial delegation given to me, that the person named at the top of this form is an authorised person under section 153 of the *Crown Lands Act 1989* with respect to land described as:

Signed:

Delegated Officer under section 153 (C) *Crown Lands Act 1989*

Date:  /  /

Name of officer:

## Lodgement

- Mail to Department of Industry - Lands, PO Box 2185 DANGAR NSW 2309
- or email to enquiries@crowmland.nsw.gov.au or fax to (02) 4925 3517

### Office Use only – Refer to the Receipting and Referrals Codes Document

BCD	BCN	DO	Code	Account Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Receipt No. <input type="text"/>				
Staff members name <input type="text"/>				
Staff initial <input type="text"/>				
Date <input type="text"/> / <input type="text"/> / <input type="text"/>				

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