



MINING ACT 1992

Application for review of assessed security deposit

FORM AD17

HOW TO SUBMIT THIS FORM

- Form can be

submitted by:

- Email: saved PDF applications can be submitted to:
titles.services@industry.nsw.gov.au
- Mail: Titles Branch, PO Box 344, Hunter Region Mail Centre NSW 2310
- In Person at the Mineral Resources Branch: 516 High Street, Maitland NSW 2320 or
- Fax: (02) 4931 6776 (Maitland)

For further information on lodgement please refer to the department's website: www.resourcesandenergy.nsw.gov.au/miners-and-explorers/applications-and-approvals

PLEASE NOTE:

We are currently reviewing and updating all forms. Elements of this form will be updated shortly.



This form is to be completed by authority holders applying for a review by the Minister of the Secretary's assessment of the amount of security deposit required for the authorisation or for a group of authorisations.

It has been prepared in accordance with the requirements of s261BD of the *Mining Act 1992*.

This application form must not be altered in any way. It can be either completed electronically using Adobe Reader (which can be downloaded free of charge from www.adobe.com.au) or printed.

Note: If an application is lodged and any information that is required to accompany that application is lodged with the Secretary more than 10 business days after lodging the application, the application may be refused (*Mining Act 1992* Schedule 1B cl6(d)).

The department's website provides comprehensive information relating to completion of applications, methods of lodgement, departmental policies, office locations and contact details at www.resourcesandenergy.nsw.gov.au/miners-and-explorers/applications-and-approvals

1. Authority Information:

For a group of authorisations, please attach a list of all authorisations within the group

Type:

Number:

Act:

2. Name of holder/s in full and ACN/s if applicable (for foreign companies provide ARBN/s):

Name: ACN:

Name: ACN:

Name: ACN:

If there are more than three holders please provide information on additional holders on a separate sheet accompanying this application. Please include name and ACN (if applicable) of each holder. To indicate that there are additional holders please check this box:

3. Contact details for this application.

Specify the name and contact details of the person to whom any notices or documents are to be served in regard to this application only.

Contact Name:	First Name: <input type="text"/>	Last Name: <input type="text"/>	
Position Held:	<input type="text"/>		Preferred Contact Method Post <input type="checkbox"/> Email <input type="checkbox"/>
Postal Address:	<input type="text"/>	Suburb: <input type="text"/>	
	<input type="text"/>	State: <input type="text"/>	
Phone:	Area Code: <input type="text"/>	Number: <input type="text"/>	
Mobile:	<input type="text"/>		
Email:	<input type="text"/>		

4. Specify particulars of the grounds for review of the assessment:

Provide grounds for why the review is being requested, including addressing the reasons given by the Secretary in the notice of assessment.

If further space is required please attach an additional sheet to this application.

5. Checklist of items to be included with this application:

(a) A Rehabilitation Cost Estimate in accordance with ESG1: Rehabilitation Cost Estimate Guidelines

6. Certification

This form should be signed by either the applicant/s or their authorised representative.

I/We certify that the information provided in this application is true and correct. I/We understand that under the *Crimes Act* 1900 Part 5A, that knowingly giving false or misleading information is a serious offence; and under the *Mining Act* 1992 s378C any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

Click within signature box to insert image

Name:

Position:

Signature:

Name:

Position:

Signature:

Name:

Position:

Signature:

Name:

Position:

Signature:

Or agent authorised to act for this applicant/s:

Name:

Position:

Signature:

Applications must be lodged with the Secretary.

For information on methods of lodgement refer to the front page of this form or www.resourcesandenergy.nsw.gov.au/miners-and-explorers/applications-and-approvals

The department is introducing service delivery standards for the processing of applications under the *Mining Act 1992*. The target processing time for applications, other than grant and renewals, is at least 90% of applications processed within 30 business days.

In order to efficiently process applications, a new process has been implemented that includes 'stop the clock' provisions. The processing clock starts when a complete application, including all required supporting material is received. Processing is complete when the applicant is notified of the result of the decision. For further information on stop the clock events please refer to www.resourcesandenergy.nsw.gov.au/miners-and-explorers/programs-and-initiatives/service-delivery

OFFICE USE ONLY

Application Received:

Time:	am/pm	Date:	
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Received under delegation from the Secretary.

PRIVACY STATEMENT

This information is collected by the Department of Planning and Environment for the purposes of assessing an application for an authorisation or associated with an authority as required by the *Mining Act 1992* or Mining Regulation 2016.

This information may also be used by the department to confirm applicant details in the event that subsequent applications are made, and may also be used to establish and maintain databases to assist the department with its work generally.

Except for purposes required by law, the information will not be accessed by any third parties in a way that would identify the person without the consent of that person.

You may apply to the department to access and correct any information the department holds if that information is inaccurate, incomplete, not relevant or out of date.