

Form AD6

# Application for full or partial cancellation of an authority

*Mining Act 1992*

February 2018 | v2.5

## More information

For help with lodging this application, or for more information about titles in New South Wales, contact:

Division of Resources and Energy

**Titles Customer Assistance Line**

**Phone +61 2 4931 6500**

[titles.services@industry.nsw.gov.au](mailto:titles.services@industry.nsw.gov.au)

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The information contained in this publication is based on knowledge and understanding at the time of writing. However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the NSW Department of Planning and Environment or the user's independent advisor.

### Privacy statement

This information is collected by the NSW 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access and correct any information the department holds if that information is inaccurate, incomplete, not relevant or out of date.

## When to use this form

**Complete this form if you are applying for the full or partial cancellation of an authority in New South Wales.**

This form has been prepared in accordance with the requirements of [Section 125](#) of the *Mining Act 1992*.

This form and its associated templates are approved in accordance with the requirements of [Part 7](#) of the *Mining Act 1992* and [Part 3](#) of the *Mining Regulation 2016*. The information requested in this form may not be specifically referenced in the *Mining Act 1992* or the *Mining Regulation 2016* however its inclusion in the approved form validates the authority of the NSW Department of Planning and Environment (the department) to request it.

## Important notes

If this application is lodged by any party other than the applicant/s (i.e. an agent), the department may seek confirmation of that authority and any limits of that authority given to that other party by the applicant [Section 163F](#) of the *Mining Act 1992* and [Clause 97](#) of the *Mining Regulation 2016*). The agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the department.

This form can be used to cancel multiple authorities in full. However if part cancelling complete one form for each authority.

## How to submit this form

- **By email:** Send an electronic copy of the form including any attachments and proof of payment to [titles.services@industry.nsw.gov.au](mailto:titles.services@industry.nsw.gov.au)
- **By mail:** Mail your form, attachments and proof of payment to Division of Resources and Energy, Titles Services, PO Box 344, Hunter Region Mail Centre NSW 2310.
- **In person:** Submit your application in person at the Division of Resources and Energy's Titles Services office, 516 High Street, Maitland, New South Wales. Office hours are 9.30am to 4.30pm.

## How this application will be processed

Once your application has been received, it will be processed by the department. The Minister for Resources and Energy (or their delegate) will advise you of the outcome in writing.

## 1 Authority information

Type	<input type="text"/>	Number	<input type="text"/>	Act	<input type="text"/>
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## 2 Authority holder/s details

Provide the full name of authority holder(s) and if applicable, the ACN or ARBN (for foreign companies).

Name	<input type="text"/>
ACN / ARBN	<input type="text"/>
Registered street address	<input type="text"/>
Postal address	<input type="checkbox"/> Same as above Enter here if different

Name	<input type="text"/>
ACN / ARBN	<input type="text"/>
Registered street address	<input type="text"/>
Postal address	<input type="checkbox"/> Same as above Enter here if different

Name	<input type="text"/>
ACN / ARBN	<input type="text"/>
Registered street address	<input type="text"/>
Postal address	<input type="checkbox"/> Same as above Enter here if different

### Additional authority holders

Provide the full name, ACN or ARBN (for foreign companies), registered street address and postal address details of additional authority holders.

<input type="text"/>
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### 3 Contact for this application

Any correspondence in relation to this application will be sent to this person.

Contact name	<input type="text"/>
Position held	<input type="text"/>
Company	<input type="text"/>
Postal address	<input type="text"/>
Phone (inc. area code)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

#### Your preferred contact method

- Email (For companies – provide a generic company email address which is regularly monitored rather than an individual employee’s email address.)
- Mail

### 4 Proposed area for cancellation

#### 4.1 Are you applying to cancel the authority in full?

- Yes ▶ **Go to Question 5**
- No. Provide a description below of the area that you are seeking to cancel.

#### 4.2 Description of area to be cancelled

All part cancellations of an authority require a description or a map/plan in accordance with [Clauses 19, 24](#) and [29](#) of the *Mining Regulation 2016*.

##### 4.2.1 For exploration licence (groups 1-8 and groups 10-11) or assessment lease (graticular description)

Use **Option A** (the free text field) or **Option B** (the table) below to identify the licence/lease area to be cancelled.

E.g. Sydney, 2222, abcdxyz total units=7

**OR**



#### 4.2.3 For mining lease authorities

- I have attached a plan prepared in accordance with the statutory surveying requirements, showing the boundaries of the land proposed to be cancelled.

## 5 Reason for cancellation/part cancellation

## 6 Completion of Rehabilitation

### 6.1 Has rehabilitation been completed and/or deemed satisfactory?

Rehabilitation is deemed 'satisfactory' when:

- a [Form ESF2 – Rehabilitation Completion and/or Review of Rehabilitation Cost Estimate](#) is submitted to the department by the authority holder, and
  - the department has formally notified the authority holder that the rehabilitation is satisfactory.
- Has rehabilitation (including any progressive/partial rehabilitation) already been completed and deemed satisfactory by the department?

Provide details of correspondence including department references below

- Has rehabilitation (including any progressive/partial rehabilitation) been completed and you would like to seek formal confirmation from the department that rehabilitation has been successful, without seeking a reduction in the security deposit?  
If **yes**, ensure you have completed and attached [Form ESF2 – Rehabilitation Completion and/or Review of Rehabilitation Cost Estimate](#) to this application.
- Has rehabilitation (including any progressive/partial rehabilitation) been completed and you would like to seek formal confirmation from the department that rehabilitation has been successful, and you are seeking a reduction in the security deposit?  
If **yes**, ensure you have completed and attached [Form ESF2 – Rehabilitation Completion and/or Review of Rehabilitation Cost Estimate](#) to this application.
- Rehabilitation has **not** been completed.

## 7 Fee payment

Provide payment, proof of payment or details that allow the payment to be made. Refer to [Schedule 9](#) of the *Mining Regulation 2016* for a list of legislated fees.

### Fees

- The application fee amount is \$250 per full cancellation or \$500 per part cancellation.

### Select your payment method

<input type="checkbox"/>	<b>Direct deposit</b> Account name: Planning & Environment BSB: 032001 Account number: 114428 Reference: CAN [your company name or last name] (e.g. CAN Johnson) If you are paying by direct deposit, attach a copy of the receipt issued by your banking authority as evidence that you have paid.
<input type="checkbox"/>	<b>Cheque</b> made payable to 'Department of Planning and Environment'
<input type="checkbox"/>	<b>Credit card*</b> (enter details below)
Payment amount*	\$ <input type="text"/>
Type of card*	<input type="text" value="Select card type..."/>
Cardholder's name:	<input type="text"/>
Card number:	<input type="text"/>
Expiry date (mm/yy):	<input type="text" value="mm / yy"/>
<p>*Credit card merchant fees are applicable to all credit card payments from 1 July 2017 and will be added to the payment amount at the following rates:</p> <p>                    Visa &amp; Mastercard: 0.4%                      Amex: 1.5%                      Diners: 2.4%</p>	

## 8 Checklist of items to be included with this application

A map or plan of the proposed area to be cancelled	<input type="checkbox"/>	Question 4
Form ESF2 – Rehabilitation Completion and/or Review of Rehabilitation Cost Estimate (if applicable)	<input type="checkbox"/>	Question 6
For payments made by direct deposit – proof of payment	<input type="checkbox"/>	Question 7
For agents only – evidence of appointment as agent, if this has not been previously supplied to the department	<input type="checkbox"/>	Question 9

## 9 Declaration

This form should be signed by the applicant/s (in the case of a company a duly authorised officer) or an agent authorised to act on the applicant's behalf.

I/We declare that the information provided in this application is true and correct. I/We understand that under [Part 5A](#) of the *Crimes Act 1900*, knowingly giving false or misleading information is a serious offence; and under [Section 378C](#) of the *Mining Act 1992*, 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.

### Applicant/s

Name	
Position/title	
Date	
Signature	
Name	
Position/title	
Date	
Signature	
Name	
Position/title	
Date	
Signature	

OR

### Agent authorised to act for this applicant/s

Provide evidence of appointment if this has not been previously supplied to the department.

Name	
Position/title	
Date	
Signature	



## Office use only

Application received:

Time:

Date:

Application fee amount: \$250 per full (or \$500 per partial cancellation)

Fee amount

\$

Total amount

\$

Receipt number:

## Received under delegation from the Secretary

Name

Signature

## For credit cards

Following confirmation of payment, remove the first eight (8) digits of the credit card number from this form. Ensure that any saved copy does not include full credit card details.

## Document control

Authorised by: Executive Director, Operations & Programs

RM8 Reference: PUB16/331 (V17/10428)

### Amendment schedule

Date	Version #	Amendment
30 June 2016	2.0	Components updated (Forms project), new template
2 December 2016	2.1	Amendments to address the rehabilitation requirements
24 March 2017	2.2	Minor formatting fixes
1 April 2017	2.3	Update bank details, project codes, dept name
22 December 2017	2.4	Update to DPE colours, new bank account details and removal of cost codes
2 February 2017	2.5	Minor edit – Reinsert credit card surcharge