

Request for full or partial cancellation of an authority

Form AD6, *Mining Act 1992*



Regional
NSW

Lodgement information

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

Mining, Exploration and Geoscience

Resource Operations

Phone +61 2 4063 6600 (8.30am – 4.30pm)

resource.operations@planning.nsw.gov.au

Note

- any reference to the '**Department**' in this form, refers to **Regional NSW**

How to submit this form

- By email:** Send an electronic copy of the form including any attachments and proof of payment to resource.operations@planning.nsw.gov.au
- By mail:** Mail your form, any attachments and proof of payment to Mining, Exploration and Geoscience, Resource Operations, PO Box 344, Hunter Region Mail Centre NSW 2310
- In person:** Submit your application in person at the Department office, 516 High Street, Maitland, New South Wales. Office hours are 8.30am to 4.30pm

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The information contained in this publication is based on knowledge and understanding at the time of writing (July 2020). However, because of advances in knowledge, users are reminded of the need to ensure that the information upon which they rely is up to date and to check the currency of the information with the appropriate officer of the Regional NSW or the user's independent adviser.

Privacy statement

This information is collected by the Department for the purposes of assessing an application for an authorisation or an application 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access and correct any information the Department holds if that information is inaccurate, incomplete, not relevant or out of date.

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When to use this form

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

This form has been prepared for the purposes of [s125](#) of the *Mining Act 1992*.

Important notes

Documentation

You may use one form if you would like to cancel multiple authorities in full. If you are part cancelling multiple authorities, you must use a separate form for each partial cancellation.

Agents

If this application is lodged by an agent on behalf of the applicant/s, the Department may seek confirmation of the authority under which the agent operates and any limits of that authority. 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 ([cl97](#) of the Mining Regulation 2016).

How to submit this form

Refer to the cover page for details.

Next steps

Once your application has been received, it will be considered by the Minister and may be granted or refused.

The Minister administering the *Mining Act 1992* (or delegate) will advise you of the outcome of your application in writing.

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1 Authority information

Type	Number	Act

Additional authority/s

Provide the type and number of any additional authorities to be cancelled in full. If you are part cancelling multiple authorities, you must use a separate form for each partial cancellation.

2 Authority holder/s details

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

1st Authority holder details

Name	<input type="checkbox"/> This is an individual and is at least 18 years old.
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

2nd Authority holder details

Name	<input type="checkbox"/> This is an individual and is at least 18 years old.
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

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3rd Authority holder details

Name	<input type="checkbox"/> This is an individual and is at least 18 years old.
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

Additional authority holders

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

Additional details

3 Contact for this application

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

Details

Contact name	
Position held	
Company	
Postal address	
Phone (incl area code)	
Mobile	
Email	

Your preferred contact method

- Email (for companies - provide a company email address which is regularly monitored rather than an individual employee's email address)
- Mail (including DX)

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4 Proposed area for cancellation

4.1 Are you applying to cancel the authority in full?

- Yes ▶ **Go to Question 5**
- No ▶ **Continue to Question 4.2**

4.2 Description of area to be cancelled

All part cancellations of an authority require a description or a map/plan in accordance with either [cl19](#), [cl24](#) or [cl29](#) 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.

Proposed exploration area for mineral options

Option A: Identify the map sheet, block number, unit and total number of units to be cancelled for:

Option B: Enter your data in the table, as shown in the example below:

Name of map sheet	Block number	Unit letter/s applied for (list from a to z except 'i')	Total units per block
Sydney	1111	abcdxyz EXAMPLE ONLY	7
Sydney	2222	ghimno	6
Sydney	3333	pqrstuvwxy	10

Name of map sheet	Block number	Unit letter/s applied for (list from a to z except 'i')	Total units per block

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Name of map sheet	Block number	Unit letter/s applied for (list from a to z except 'i')	Total units per block
Total number of units applied for			

4.2.2 For exploration licences (groups 9 and 9A) or assessment leases (standard map description)

Provide a map in accordance with [cl9\(1\)\(a\)](#) of the Mining Regulation 2016.

- I have attached a standard map
- I have inserted my standard map below:

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4.2.3 For mining leases

Under [cl29\(a\)](#) of the Mining Regulation 2016, you need to provide a plan that meets statutory surveying requirements. If you consider these requirements to be unduly onerous you may request a variation or exemption from the requirements in accordance with [cl34](#) of the Mining Regulation 2016. Any request must include justification for the request.

To meet the requirements of the Act, you must provide a plan completed by a registered surveyor, drawn in accordance with the [Surveying and Spatial Information Regulation 2017](#) (SSI Regulation), for which the SSI Regulation specifically provides, and [Department of Lands - Surveyor General Directions \(Direction No 8 mining surveys\)](#). Your plan should include details of the area to be partially cancelled, including:

- the total area of the area to be partially cancelled in hectares, square metres or square kilometres
- the [Map Grid of Australia](#) (MGA) zone, showing boundary alignments
- MGA coordinates determined by reference to the Geocentric Datum of Australia of all points where there is a change in direction of the boundaries of the land must also be supplied in electronic format as a Microsoft Excel spreadsheet

For assistance, please contact the Department.

Check the box below to indicate you have attached a plan overlay.

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

4.2.4 For mineral owner authorities

Provide the lot and deposited plan numbers of the land accordance with [cl19\(b\)](#), [cl24\(b\)](#) or [cl29\(b\)](#) of the Mining Regulation 2016.

Lot and deposited plan numbers	
Lot number	
Deposited plan	
Lot number	
Deposited plan	
Lot number	
Deposited plan	

Other land

If there is inadequate space above, provide the lot and deposited plan numbers of any other area of land to be cancelled.

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4.3.2 For exploration licence/s (groups 9 and 9A) or assessment lease/s (standard map description)

Provide a map in accordance with [cl9\(1\)\(a\)](#) of the Mining Regulation 2016.

- I have attached a standard map
- I have inserted my standard map below:

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4.3.3 For mining leases

Provide a plan in accordance with [cl29\(a\)](#) of the Mining Regulation 2016 that meets statutory surveying requirements. If you consider these requirements to be unduly onerous you may request a variation or exemption from the requirements in accordance with [cl34](#) of the Mining Regulation 2016. Any request must include justification for the request.

To meet the requirements of the Act, you must provide a plan completed by a registered surveyor, drawn in accordance with the [Surveying and Spatial Information Regulation 2017](#) (SSI Regulation), for which the SSI Regulation specifically provides, and [Department of Lands - Surveyor General Directions \(Direction No 8 mining surveys\)](#). Your plan should include details of:

- the total authority area to remain in hectares, square metres or square kilometres
- any depth of surface exception (the surface and soil below the surface not applied for) and/or
- any depth restriction (the depth to which you require the lease to extend)
- strata sought (the soil below the surface between any two specified depths or a coal seam)
- the [Map Grid of Australia](#) (MGA) zone, showing boundary alignments
- MGA coordinates determined by reference to the Geocentric Datum of Australia of all points where there is a change in direction of the boundaries of the land must also be supplied in electronic format as a Microsoft Excel spreadsheet

For assistance, please contact the Department.

Check the box below to indicate you have attached a plan overlay.

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

4.3.4 For mineral owner authorities

Provide the lot and deposited plan numbers of the land accordance with [cl19\(b\)](#), [cl24\(b\)](#) or [cl29\(b\)](#) of the Mining Regulation 2016.

Lot and deposited plan numbers	
Lot number	
Deposited plan	
Lot number	
Deposited plan	
Lot number	
Deposited plan	

Other land

If there is inadequate space above, provide the lot and deposited plan numbers of any other area of land 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 [Form ESF2 – Rehabilitation completion and/or Review of rehabilitation cost estimate](#) to this application.

- Rehabilitation has **not** been completed

7 Fee payment

Payment, proof of payment or details that allow the payment to be made must accompany this application form.

7.1 Fees and calculation

- the application fee amount is \$250 per full cancellation of each authority or \$500 per part cancellation

Note: a separate form must be used for each part cancellation.

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7.2 Select your payment method

Select	Payment Method										
<input type="checkbox"/>	Direct deposit Account name: Department of Regional NSW BSB: 032 001 Account number: 183837 Reference: CAN [authority type and number] (eg CAN EL1234) 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"/>	Credit card* (enter details below) <table border="1"><tr><td>Payment amount*</td><td>\$</td></tr><tr><td>Type of card*</td><td></td></tr><tr><td>Cardholder's name:</td><td></td></tr><tr><td>Card number:</td><td></td></tr><tr><td>Expiry date (mm/yy):</td><td></td></tr></table> <p>*Credit card merchant fees are applicable to all credit card payments and will be added to the payment amount at the following rates: Visa & Mastercard: 0.4% Amex: 1.4%</p>	Payment amount*	\$	Type of card*		Cardholder's name:		Card number:		Expiry date (mm/yy):	
Payment amount*	\$										
Type of card*											
Cardholder's name:											
Card number:											
Expiry date (mm/yy):											

8 Checklist of items to be included with this application

Item		Reference
A map or plan of the proposed area to be cancelled	<input type="checkbox"/>	Question 4
A map or plan of the proposed area to remain	<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

8.1 Have you lodged all the required information with this form?

- Yes
- No – I will provide outstanding information within 10 business days of lodging this application*

*Failure to supply the information within this timeframe may be considered as grounds to refusing the application under cl6(d) sch1B

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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 behalf of the applicant/s.

9.1 Applicant/s (individual or company)

For each applicant (signed below):

I certify that the information provided is true and correct to the best of my knowledge and belief. I understand under the *Crimes Act 1900 NSW* Part 5A, that knowingly or recklessly giving false or misleading information is a serious offence, and under the *Mining Act 1992* section 378C, 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.

(For companies only) In addition to the declaration above, by signing below, I **also** certify that I am authorised to complete and provide the information in this form on behalf of the company listed in section 2 of this form.

1 st Applicant details	
Name	
Position/title	
Date	
Signature	

2 nd Applicant details	
Name	
Position/title	
Date	
Signature	

3 rd Applicant details	
Name	
Position/title	
Date	
Signature	

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9.2 Agent authorised to act for this applicant/s

Evidence of appointment is required if this has not been previously supplied to the Department.

Agent details	
Name	
Position/title	
Date	
Signature	

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Office/Administrative use only

Application received:	
Time:	Date:
Officer's Name	
Signature	
Application fee amount: \$250 per full cancellation per authority (or \$500 per partial cancellation)	
Fee amount	\$
Total amount:	\$
Receipt number	

For credit cards

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

Document control

Approved by: Executive Director, Resource Operations, Regional NSW under delegation from the Minister administering the *Mining Act 1992*.

CM9 Reference: DOC20/429519

Amendment schedule		
Date	Version #	Amendment
July 2020	1.0	New format for Regional NSW. Form updated to reflect new Departmental name and branding, and updated links.