otecting Sarred Sites Across the Territory

Authority Certificate:

Application for Authority Certificate



Under S.19B of the NT Aboriginal Sacred Sites Act

Applications cannot be accepted unless <u>ALL</u> information requested in this form is provided

PART 1: APPLICANT

Note: The Authority Certificate will be issued under the name and address of the "Applicant". If you are making an application on behalf of somebody else fill in **both** the "Applicant" **and** "Agent or Representative" box below.

Name of the Applicant (usually individual, organisation, joint ventures, partners or associates) to appear on the

APPLICANT DETAILS

Postal Addre	ess:			
City:	State:	Post Code:		
Telephone N	lo. ()Facsimi	le No. ()		
E-mail:				
	(Please provide an e-mail address if you require a PD	F copy of the Authority Certificate)		
INDUSTRY	GROUP OF APPLICANT: (Please tick one	box only)		
(Refers	s to certificate holder or funding body for work, not	the agent arranging the Certificate)		
	Australian Government (including Australian Government statutory and other Australian Government-funded bodies such as the major Land Councils)			
	NT Government (including NT statutory and other NT-funded bodies such as public schools)			
	Local Government			
	Non Government Organisation (including Church groups, Greening Australia, Scouts, non-profit private schools)			
	Tourism			
	Mining (including oil and gas exploration and extraction)			
	Pastoral			
	Agriculture / Aquaculture / Horticulture			
	Other (including other business or individual applicants)			

AGENT OR REPRESENTATIVE DETAILS

Name:

Only fill in this section if you are making an application on behalf of the above "APPLICANT"

Contact Person:		
Postal Address:		
City:	State:	Post Code:
Telephone No. ()	Facsimile No. ()
E-mail:		
	ride an e-mail address if you require a PDF copy of the Autho	
Does the Agent require a copy of	the Authority certificate?	☐ Yes ☐ No
IN	IVOICE AND CONTACT DETA	ILS
	IVOICE AND CONTACT DETA	
Nan		Party
Nan	ne and Address of the Billing	Party
e:	ne and Address of the Billing	Party
e:act Person::	ne and Address of the Billing	Party
Nan e: eact Person: : al Address:	ne and Address of the Billing	Party

PART 2(A) - APPLICATION AREA DETAILS

Identify the area to be covered by the Authority Certificate Application. Street Address: _ Lot, Portion, Section Number: ____ Mining Lease or Exploration Licence: Aboriginal Land Trust: Pastoral Lease: ___ If the application is for only part of the land parcel described above please identify which part of the parcel is to be covered by the application. (Digital Spatial Data – Part 2(C) is required in this instance) Other - please specify if your area of works is a corridor that partially intersects multiple land parcels e.g. road, powerline or other easement. (Digital Spatial Data – Part 2(C) is required in this instance) PART 2(B) - APPLICATION AREA MAP Provide a current map clearly indicating the boundary of the proposed application area PART 2(C) - DIGITAL SPATIAL DATA Digital data is required to assist the Authority in preparing a precise map of the application area. If the Authority is unable to accurately determine the precise boundary of the application area, then this application will be considered incomplete and will not be processed until the required information is received. **Digital Data Format:** ☐ MapInfo (.TAB, .MID/MIF) – preferred format ☐ ESRI (.SHP) ☐ AutoCAD (.DXF, .DWG) **Datum** ☐ GDA94 – preferred datum ☐ AGD66 Spatial data lodgement / supply:

☐ Electronic mail (e-mail) to: enquiries.aapa@nt.gov.au

☐ Compact disc (CD)

Protecting Sacred Sites Across the Territory

PART 3: PROPOSED WORKS OR USE

Providing insufficient detail regarding these works may result in this application:

- A) being assessed as incomplete;
- B) being refused; or
- c) an Authority Certificate being issued with additional restrictions

	be attache				
he belo elevant	w list appl	tional information is to be provided on a separate page ies to all stages of the proposed works. Some of the in plication. You may also be requested to provide addition	formation	may no	ot be
A)		ether with concise descriptions in lay terms of all works com nt detail to assess the likely impacts, including:	ponents of	the pro	posed works
	i)	an assessment of the likely level of ground / vegetation d	isturbance		
	ii)	all locations where any gravel, sand, water and other raw proposed (including existing extraction pits);	material e	xtractio	n is
	iii)	the depth and volume of proposed raw material extraction metres / kilometres of the extraction source, including pit			quare
	iv)	all proposed access routes to other works components, it of the routes and whether existing or new access tracks we			and width
	v)	any proposed camp sites.			
B) A plan of the location and scope of the proposed application area, including building site plans if relevant, sufficient to determine the 'footprint' of the works components and any service connections within the total proposed work program area. This plan may not be necessary if the proposed works involve widespread and profound impacts across the total proposed work program area.					
C)	Indicate:				
	i)	the proposed commencement date of the work or use:		/_	
	ii)	the expected completion date of the work or use:	1	,	

The Northern Territory Aboriginal Sacred Sites Act requires that Authority Certificate Applications be provided for viewing by the public. Is there any information in this application that is sensitive commercial information?

☐ Yes ☐ No

PART 4: STANDARD OR NON-STANDARD ASSESSMENT

This information will assist the Authority to determine the costs associated with your application according to the NT Aboriginal Sacred Sites Regulations

1.	the 'owner and intended occupier' of the land?	☐ Yes	☐ No
2.	Does the work involve a complex development such as a resort, mine or major horticultural development or an area of sea?	☐ Yes	□ No
3.	Does the work to which the application relates:		
	(a) require a formal assessment under the Environmental Assessment Act?	☐ Yes	□ No
	(b) involve the acquisition or extinguishment of Native Title rights?	Yes	□ No
•	wered 'Yes' to either part of question 3 above, please provide fur is to the reason for the report or EIS, and /or the area of land affected		

PART 5: STATEMENT OF APPLICANT OR AUTHORISED AGENT

1.	 I understand that by lodging this Application I accept, on behalf of the Billing Party, the a charges under the NT Aboriginal Sacred Sites Regulations, as follows; 	pplicable fees a
	 An application fee is payable for lodgement of the Authority Certificate application; 	
	If classified as standard, all standard processing fees applicable will apply immediat	
2. Signatu	 If classified as non-standard all costs and expenses in respect of the determination are applicable and I will be required to accept costs in accordance with the NT Abort Regulations before any work commences on this application. 	
2.	2. This assessment will be made based on the information I have provided in this application	on.
Signatu	ture: Date:/	
	:	
Applica Further http://w	eant / Agent will be informed of the basis of costs before consultations commence. For details of our regulations and fee system can be found on the Aboriginal Areas Protection www.aapant.org.au	Authority web p
Applical Further http://w	Aboriginal Areas Protection Authority - Application for Authority Co	ertificate

PRIVACY STATEMENT

The Aboriginal Areas Protection Authority will only collect and use information for the purposes of its functions under the *Northern Territory Aboriginal Sacred Sites (Sacred Sites) Act.*

The Sacred Sites Act requires that the Register of Authority Certificates be made available for public inspection. This includes the information collected on this Application Form, except to the extent that it would disclose sensitive commercial information. The Aboriginal Areas Protection Authority abides by the provisions of the Information Act to protect the privacy of applicants and will only provide the information collected and retained in the Register of Authority Certificates to the extent required by the Sacred Sites Act.

LODGEMENT OF APPLICATION

Applications may be lodged by post, in person or electronically by e-mail at the following addresses:

By Post

Aboriginal Areas Protection Authority GPO Box 1890 DARWIN NT 0801 In Person

4th Floor R.C.G Centre 47 Mitchell Street, Darwin E-mail

enquiries.aapa@nt.gov.au

Aboriginal Areas Protection Authority - Application for Authority Certificate
Under S.19B of the NT Aboriginal Sacred Sites Act

OFFICE USE ONLY		
Applicant		
File No.	_ Document No	
Application fee paid: ☐ Yes ☐ No	Amount Paid:	

Darwin P: +61 (08) 8999 5511 F: +61 (08) 8999 4334 www.aapant.org.au enquiries.aapa@nt.gov.au 4th Floor, R.C.G Centre, 47 Mitchell Street Darwin NT GPO Box 1890, Darwin NT 0801 Alice Springs
P: +61 (08) 8999 55 11
F: +61 (08) 8952 2824
www.aapant.org.au
enquiries.aapa@nt.gov.au
Ground Floor, Belvedere House
Cnr Bath & Parsons Streets Alice Springs NT