Aboriginal Areas Protection Authority
protecting sacred sites across the territory

APPLICATION AND CONSENT TO TRANSFER AN EXISTING AUTHORITY CERTIFICATE

Under section 24B of the *Northern Territory Aboriginal Sacred Sites Act 1989*

BEFORE YOU BEGIN

- **Applications will only be accepted if ALL requested information is provided**
- The Authority Certificate will be issued to the new holder and the existing Certificate will be cancelled.
- You **must** have consent from the existing Certificate holder to proceed.
- Signatures from ALL Certificate holders must be provided.
- Sufficient detail of the existing Certificate must be provided on this form.
- The signed consent below must be dated within six months of the submission of the application.

DETAILS OF THE TRANSFER APPLICANT

Name: _____

Contact Person: _____

Postal Address: _____

City: _____ State: _____ Post Code: _____

Telephone No. (___)_____ Email: _____

DETAILS OF AGENT OR REPRESENTATIVE

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

Name: _____

Contact Person: _____

Postal Address: _____

City: _____ State: _____ Postcode: _____

Telephone No. (___)_____ Email: _____

INVOICE AND CONTACT DETAILS OF BILLING PARTY

The cost of this application will be 100 revenue units in accordance with the *Northern Territory Aboriginal Sacred Sites Regulations 2004*

Name: _____

Contact Person: _____

ABN: _____

Postal Address: _____

_____

City: _____ State: _____ Postcode: _____

Telephone No. (___)_____ Email: _____

DETAILS OF EXISTING AUTHORITY CERTIFICATE HOLDER

Name of the person / entity (usually individual, organisation, joint ventures, partners or associates) that appears on the existing Authority Certificate:

_____

_____

Postal Address: _____

City:_____ State: _____ Post Code: _____

Telephone No. (___) _____ Email: _____

DETAILS OF EXISTING AUTHORITY CERTIFICATE

Works and use: _____

Subject Land: _____

Certificate Number: C_____

Any variations to the Certificate? If yes, provide details here:

_____

_____

ACKNOWLEDGMENT, CONSENT AND SIGNATURE OF EXISTING AUTHORITY CERTIFICATE HOLDER(S)

Add additional pages if required

I hereby acknowledge that:

- I am the current holder of the Authority Certificate to be transferred.
- I have had the opportunity to obtain independent legal advice about the proposed transfer.
- I understand that if I consent to the proposed transfer, the existing Authority Certificate will be automatically cancelled and be of no ongoing legal effect.
- I have the authorisation to sign this form.

Signed: _____

Name: _____

Position:_____

Date: ___/ ___/ ___

ABN / ACN: _____

LODGEMENT OF APPLICATION

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

By Post

Aboriginal Areas Protection Authority
GPO Box 1890
Darwin, NT 0801

In Person

Darwin Office
4th Floor, R.C.G Centre
47 Mitchell Street,
Darwin

OR

Alice Springs Office
1st Floor, NT House
44 Bath Street,
Alice Springs

E-mail

technical.aapa@aapant.org.au