

# Application for Authority Certificate

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

**Applications cannot be accepted unless ALL 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.

## APPLICANT DETAILS

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

\_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_ Facsimile No. ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

(Please provide an e-mail address if you require a PDF copy of the Authority Certificate)

**INDUSTRY GROUP OF APPLICANT:** (Please tick one box only)

(Refers to certificate holder or funding body for work, **not** the agent arranging the Certificate)

<input type="checkbox"/>	Australian Government ( <i>including Australian Government statutory and other Australian Government-funded bodies such as the major Land Councils</i> )
<input type="checkbox"/>	NT Government ( <i>including NT statutory and other NT-funded bodies such as public schools</i> )
<input type="checkbox"/>	Local Government
<input type="checkbox"/>	Non Government Organisation ( <i>including Church groups, Greening Australia, Scouts, non-profit private schools</i> )
<input type="checkbox"/>	Tourism
<input type="checkbox"/>	Mining ( <i>including oil and gas exploration and extraction</i> )
<input type="checkbox"/>	Pastoral
<input type="checkbox"/>	Agriculture / Aquaculture / Horticulture
<input type="checkbox"/>	Other ( <i>including other business or individual applicants</i> )

## AGENT OR REPRESENTATIVE DETAILS

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

Name: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_ Facsimile No. ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

(Please provide an e-mail address if you require a PDF copy of the Authority Certificate)

Does the Agent require a copy of the Authority certificate?

Yes

No

## INVOICE AND CONTACT DETAILS

### Name and Address of the Billing Party

Name: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No. ( \_\_\_\_ ) \_\_\_\_\_ Facsimile No. ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## 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, power-line 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)
- Microstation (.DGN)

### Datum

- GDA94 – preferred datum
- AGD66

### Spatial data lodgement / supply:

- Electronic mail (e-mail) to: [enquiries.aapa@nt.gov.au](mailto:enquiries.aapa@nt.gov.au)
- Compact disc (CD)

## 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**

Please provide a concise description of the proposed work or use. Additional detail of works for which a Certificate is sought can be attached to this application, if necessary (see below).

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**The following additional information is to be provided on a separate page attached to your application. The below list applies to all stages of the proposed works. Some of the information may not be relevant to your application. You may also be requested to provide additional information if required for assessment.**

- A) A list, together with concise descriptions in lay terms of all works components of the proposed works in sufficient detail to assess the likely impacts, including:
  - i) an assessment of the likely level of ground / vegetation disturbance;
  - ii) all locations where any gravel, sand, water and other raw material extraction is proposed (including existing extraction pits);
  - iii) the depth and volume of proposed raw material extraction and the area in square metres / kilometres of the extraction source, including pit extensions;
  - iv) all proposed access routes to other works components, including the length and width of the routes and whether existing or new access tracks will be used;
  - 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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**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. Is the applicant either the 'owner and occupier' of the land or 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

If you have answered 'Yes' to either part of question 3 above, please provide further details below or on a separate page as to the reason for the report or EIS, and /or the area of land affected by Native Title rights.

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## 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 applicable fees and charges under the *NT Aboriginal Sacred Sites Regulations*, as follows;
  - A \$50 application fee is payable for lodgement of the Authority Certificate application;
  - If classified as standard, all standard processing fees applicable will apply immediately; and
  - If classified as non-standard all costs and expenses in respect of the determination of the application are applicable and I will be required to accept costs in accordance with the NT Aboriginal Sacred Sites Regulations before any work commences on this application.
2. This assessment will be made based on the information I have provided in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Applicant / Agent will be informed of the basis of costs before consultations commence.

Further details of our regulations and fee system can be found on the Aboriginal Areas Protection Authority web page <http://www.aapant.org.au>

## 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

1<sup>st</sup> Floor  
T.I.I. Building  
74 Cavenagh St, 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) 8981 4169  
www.aapant.org.au  
enquiries.aapa@nt.gov.au  
1st Floor, T.I.I. Building,  
74 Cavenagh Street Darwin NT  
GPO Box 1890, Darwin NT 0801

### Alice Springs

P: +61 (08) 8999 5511  
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  
PO Box 3656 Alice Springs NT 0871