Fraser Coast Regional Council

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Website: www.frasercoast.qld.gov.au

Environmental Protection Act 1994

Form ERA1

Surrender of Registration Certificate for an ERA

Application to Surrender a Registration Certificate for an environmentally relevant activity

This form is to be used where the registered operator wishes to surrender a registration certificate under s73O of the Environmental Protection Act 1994

If you have any specific enquiries regarding how to complete this form or applicable fees please contact Fraser Coast Regional Council on 1300 79 49 29 or SmartLicence on 1300 363 711.
Please complete this application in BLOCK LETTERS and tick boxes where applicable.
If a question does not apply, please indicate by writing "n/a".

1. Application details

Registration Certificate Number to be surrendered
Why is a surrender application being made? (If you require more space, please attach a separate signed statement).

Has an audit statement been attached?

☐ Yes
☐ No ➔ Your application is invalid and will not be processed.

2. Applicant details

Title	Title
Family Name	Family Name
Given Names	Given Names

I confirm I am the current operator/holder of the registration certificate or have authority to sign on behalf of the company holding the registration certificate.

Signature	Signature
Position	Position
Date ☐☐ / ☐☐ / ☐☐☐☐	Date ☐☐ / ☐☐ / ☐☐☐☐

3. Business details

Trading Name		
ABN		
Street Address of Business		
Locality/Suburb		
Postal Address		
Locality/Suburb	State	Postcode

4. Declaration

Note: If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.

- I apply for the surrender of this environmental authority.
- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously beleiving the same to be true and by virtue of the provisions of the *Oaths Act 1867*.
- I understand that all information supplied on or with this application form may be disclosed pubicly in accordance wth the *Freedom of Information Act 1992* and the *Evidence Act 1977*.

Applicant Name
Applicant's Signature-
Date ☐☐ / ☐☐ / ☐☐☐☐

Lodgement:

On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.

Please note: This application MUST be lodged with your Council.

Office use only

Health Number:	Amount Paid:
Receipt Number:	Date Paid: ☐☐ / ☐☐ / ☐☐☐☐