



# AQUACULTURE LEASE RENEWAL FORM

*Fisheries Management Act 1994*

INW \_\_\_\_ / \_\_\_\_

## 1. APPLICANT(S) DETAILS (Application fee applies-see fee schedule)

### FULL NAME(S) OF LESSEE(S)

### BUSINESS ADDRESS

TOWN

STATE

POST CODE

TEL: HOME

TEL: WORK

MOBILE

( )

( )

FAX

E-MAIL ADDRESS

( )

## 2. LEASE TO BE RENEWED

LEASE NUMBER

ESTUARY

AL or OL

/

CURRENT AQUACULTURE PERMIT/S AUTHORISING LEASE

AP

AP

AP

## 3. LESSEE'S DECLARATION

I/We, the undersigned lessee lodge here with a lease renewal application and prescribed fee.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

For a term of \_\_\_\_\_ years. (Not to exceed 15 years)

Signature(s)

### Company:

Any application lodged by a company must be signed by two directors, or one director and a secretary. If the company is a sole director company, where the sole director is also the sole secretary, the sole director must state next to his/her signature that he/she is the "sole director and sole company secretary".

## 4. AQUACULTURE LEASE AREA CONDITION STATEMENT (ALAC)

The lease area must be in a satisfactory condition or a work plan agreed to prior to the submission of this application. The ALAC must be completed and signed by the aquaculture lessee(s) and the permit holder(s) involved with the renewal of this lease.

<b>LEASE NUMBER</b> AL or OL <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<b>ESTUARY</b> <input style="width: 90%;" type="text"/>
<b>CURRENT AQUACULTURE PERMIT/S AUTHORISING LEASE</b> AP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

The NSW Oyster Industry Sustainable Aquaculture Strategy (OISAS) defines lease marking standards and neat and tidy standards. OISAS is available from [www.dpi.nsw.gov.au/fisheries/aquaculture](http://www.dpi.nsw.gov.au/fisheries/aquaculture) or from your local Fisheries Office.

### ARE THESE LEASE CONDITION STATEMENTS TRUE (Tick One) YES NO

1. I am aware of the required lease marking standards as detailed in OISAS and the lease complies with those standards.		
2. All required marker posts are white above the high water mark, are square to the water surface, are the same height and have between 1.25 metres and 1.5 metres showing above the high water mark.		
3. All required corner marker posts have a minimum diameter or diagonal width of 90 mm for reinforced plastic or 150 mm for timber OR approved special marker.		
4. All required intermediate marker posts have a minimum diameter or diagonal width of 75 mm for reinforced plastic or 100 mm for timber OR approved special marker.		
5. All required lease signs are in place at least 1 metre above the high-water mark and they are legible.		
6. I am aware of the required neat and tidy standards detailed in OISAS and the lease complies with those standards.		
7. All of the lease area is clear of derelict or broken cultivation materials including posts, rail, sticks, baskets, trays, shade cloth, rope and any other culture materials.		
8. The lease has no glass, steel posts, corrugated iron, steel wire in lengths exceeding 1 metre or continuous lengths of conveyor belting exceeding 10 metres.		
9. All cultivation is contained wholly within the lease area.		
10. The lease complies with the Pacific oyster control inspection criteria.		
11. The lease is clear of stored cultivation materials or equipment.		

**Note:** If you have answered NO to any of the lease condition statements 1 – 11 an approved work plan must be submitted with the application form.

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### IMPORTANT ATTACH PHOTOS (Tick One) YES NO

1. Have you attached clear good quality colour photographs of the lease area? Photos must be taken at low tide.		
2. Do the photos include 2 lease corner posts clearly showing the lease number and the lease area behind the post and all sides of every platform, shed, work structure, fence and any reclaimed land on the lease?		
3. Please record the date and time that the photos were taken.  <div style="display: flex; justify-content: space-between;"> <span><b>DATE</b>    __ / __ / ____</span> <span><b>TIME</b>    __ : __ am / pm</span> </div>		

**Note:** If you have answered NO to the photo questions 1 – 2 or failed to record the date and time the photos were taken your application will be rejected and returned as incomplete.

## ALAC DECLARATION (All parties to the renewal must sign this declaration)

I/We, the undersigned declare that the information contained in this ALAC statement is true and if I am a current aquaculture permit holder I make this declaration in accordance with section of the 153 *Fisheries Management Act 1994 - Holder of permit to provide information to the Minister*.

Name (print)	Signature	Interest (tick 1 or more)	Date
1. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
2. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
3. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
4. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
5. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
6. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
7. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
8. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
9. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____
10. _____		<input type="checkbox"/> Lessee <input type="checkbox"/> Permit holder	_____

If insufficient room is available for all signatures please attach a separate schedule (copy of declaration) showing details and signatures.

### **Company:**

If a company is party to the ALAC the signature of two directors, or one director and a secretary is required. If the company is a sole director company, where the sole director is also the sole secretary, the sole director must state next to his/her signature that he/she is the "sole director and sole company secretary".

## 5. TENANCY OF LEASE

If the lease is held by two or more persons/corporations, please elect your tenancy arrangement for this lease by placing ✓ in the appropriate box.

**JOINT**      ☐      Under joint tenancy, upon the death of a lessee, the lease is automatically transferred to any surviving lessee(s).

**OR**

**COMMON**      ☐      Under tenancy in common the proportion of the lease held by the deceased lessee is transferred according to the deceased's will and/or at the direction of the executor of the deceased's estate.

(If selecting tenancy in common, please complete the following allocation table).

Lessee's Name	Share of Lease (%)

When a lease is held solely by an individual or corporation, the tenancy of the lease will be deemed "Common".

## 6. SUBMITTING YOUR APPLICATION

Please submit your application to: NSW Department of Primary Industries, Aquaculture Administration, Locked Bag 1, Nelson Bay, NSW, 2315.

## 7. APPLYING FOR REPLACEMENT DEEDS

If lease deeds have been lost/destroyed, please contact Aquaculture Administration on (02) 4982 1232 or access NSW DPI website to download a Statutory Declaration form.

### PRIVACY INFORMATION

Personal information collected by way of this Application is subject to the *Privacy and Personal Information Act 1998*. You must provide the information in order for NSW DPI to assess this Application. NSW DPI may use the information, and disclose it to authorised agencies, for related administration or research purposes. The information may be pooled in a manner not identifying individuals to form industry-based statistics. You may access or correct your information by contacting NSW DPI, Aquaculture Administration Section, Locked Bag 1, NELSON BAY NSW 2315, or Telephone 02 4982 1232.

CREDIT CARD PAYMENT

To pay the application fee by credit card simply fill out the credit card authority below.

Card type	<input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club <input type="checkbox"/> Visa
Card number	_____
Card expiry date	____ / ____
Amount to be debited	\$ _____
Name of cardholder	_____
Signature of cardholder	_____

\*\*Please note that a surcharge applies to the following card(s):

Visa	0.4%
Mastercard	0.4%
American Express	1.50%
Diners Club	2.40%

(Surcharge calculated at time of processing.)