November 2024

Record a change of authority holder following devolution

# *Form AD11*, *Mining Act 1992*

**Access the** [**Titles Management System (TMS) Portal**](https://meg.resourcesregulator.nsw.gov.au/mining-and-exploration/titles-management-system) **to lodge this application electronically.**

**Any required fee payments and attachments can be submitted through the Portal.**

When to use this form

**Complete this form if the rights to an application or authority have been devolved to you by an operation of law (such as death, insolvency or bankruptcy of the applicant or holder of that authority/s).**

This form is an approved form under s 382 of the Mining Act for the purposes of s162 of the [*Mining Act 1992*](https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-029) and cl 89M of the Mining Regulation 2016. Any reference to the ‘**department**’ in this form, refers to the **Department of Primary Industries and Regional Development.**

Privacy statement

View the department’s [privacy statement](http://www.resources.nsw.gov.au/privacy) on how information in this application will be used.

How to lodge

You can lodge your application (this form and any attachments) in the following ways:

* **By email:** [titles@regional.nsw.gov.au](mailto:titles@regional.nsw.gov.au)
* **By mail:** NSW Resources, Assessments and Systems, PO Box 344, Hunter Region Mail Centre NSW 2310
* **In person:** in person at the department’s office, 516 High Street, Maitland, NSW, business days, between the hours of 9.30am and 4.30pm.
* **Facsimile:** +61 2 4063 6973

Lodgement of your application in any of the above ways is taken to be lodgement with the Minister under the Mining Act.

For help with lodging this application, or for more information about authorisations under the Mining Act in NSW contact:

NSW Resources - Assessments and Systems

**Phone: +61 2 4063 6600 (8.30am – 4.30pm)**

**Email:** [titles@regional.nsw.gov.au](mailto:titles@regional.nsw.gov.au)

Important notes

Accompanying documentation

All information specified in this form, and all required documents, things or information required to be lodged with your application, should be provided at lodgement.

If there is insufficient room in any of the fields in this form, please provide the information as an attachment submitted with this form, marking clearly the field or other requirement to which the additional information relates.

A decision-maker may require you to furnish further information in connection with your application and may refuse the application if you do not furnish that information within the specified period.[[1]](#footnote-2)

Agents

If this application is lodged by an agent on behalf of the applicant/s, the agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the department.[[2]](#footnote-3)

Determination of your application

Once your complete application has been received, it will be determined in accordance with the Mining Act and Regulation.

1. Authority/s affected by the devolution

|  |  |  |
| --- | --- | --- |
| Type - eg EL, AL, ML | Number | Act |
|  |  |  |
|  |  |  |
|  |  |  |

1. Name of currently-recorded authority holder

Provide the full name of the currently-recorded authority holder whose rights have devolved and if applicable, the ACN or ARBN (for foreign companies).

|  |  |
| --- | --- |
| Existing authority holder | |
| Name |  |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

1. New person/s applying to be recorded as authority holder/s following devolution

To be eligible to hold an authority, you must be a person 18 years of age or older, or a company eligible to undertake business in NSW. Provide the full name of applicant/s, contact details and if applicable, the ACN or ARBN (for foreign companies).

If the applicant/s is a foreign entity, provide proof that the applicant/s is authorised to operate and carry out business in NSW.

|  |  |
| --- | --- |
| 1st Person to be recorded | |
| Name |  |
| This is an individual and is at least 18 years old. |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

|  |  |
| --- | --- |
| 2nd Person to be recorded | |
| Name |  |
| This is an individual and is at least 18 years old. |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

|  |  |
| --- | --- |
| 3rd Person to be recorded | |
| Name |  |
| This is an individual and is at least 18 years old. |
| Contact phone |  |
| Contact email |  |
| ACN / ARBN |  |
| Street address (Registered street address for a company) |  |
| Postal address | Same as above |
| Enter here if different |

Additional persons to be recorded

Provide the full name, contact details, ACN or ARBN (for foreign companies), street address (individual), registered street address (company) and postal address details of additional person/s applying to be recorded as authority holder/s following devolution. For individuals you must provide a statement that the person is at least 18 years old.

|  |
| --- |
| Additional applicants |
|  |

1. Evidence of devolution

Provide evidence of devolution (e.g. certified copies of court orders, probate and/or letters of administration)

I have attached evidence of the devolution of rights

1. Contact for this application and service

Any correspondence in relation to this application will be sent to this person, including documents that the department is required to serve.

|  |  |
| --- | --- |
| Contact details | |
| Contact name |  |
| Position held |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email (required) |  |
| Email for service of documents (required) |  |

The department will contact you and **serve** documents related to your application **via the email address specified above**.

Your preferred contact method

If you would **also** like a copy of documents to be sent to you by mail to the postal address indicated above, please check the box below.

I request that copies of documents and communications are also sent to me by mail.

1. Checklist of items to be included with this application

|  |  |  |
| --- | --- | --- |
| Item |  | Reference |
| For foreign entities, proof that the applicant/s is authorised to operate and carry out business in NSW. |  | Question 3 |
| Evidence of devolution |  | Question 4 |
| For agents only – evidence of appointment as agent, if this has not been previously supplied to the department |  | Question 7.2 |

1. Declaration

This form should be signed by the applicant/s (in the case of a company a duly authorised officer) or an agent authorised to act on behalf of the applicant/s.

* 1. Applicant/s (individual or company)

Each applicant (or the authorised officer or agent) must complete the declaration below and sign this form.

* (For companies and agents) I declare that I am authorised to complete and lodge this application.
* I certify that the information provided is true and correct to the best of my knowledge and belief. I understand under the *Crimes Act 1900* NSW Part 5A, that knowingly or recklessly giving false or misleading information is a serious offence, and under the Mining Act section 378C, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

|  |  |
| --- | --- |
| 1st Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

|  |  |
| --- | --- |
| 2nd Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

|  |  |
| --- | --- |
| 3rd Applicant details | |
| Name |  |
| Position/title |  |
| Date |  |
| Signature | 1st Applications Signature |

* 1. Agent authorised to act for this applicant/s

Evidence of appointment is required.

|  |  |
| --- | --- |
| Agent details | |
| Name |  |
| Position/title |  |
| Company |  |
| Postal address |  |
| Phone (incl area code) |  |
| Mobile |  |
| Email |  |
| Date |  |
| Signature | Agent Signature |

Evidence of appointment:

I have attached evidence of appointment to this application.

Office/Administrative use only

|  |  |  |  |
| --- | --- | --- | --- |
| Application received: | | | |
| Time: |  | Date: |  |
| Officer’s Name |  | | |
| Signature | Office use only signature | | |

View the department’s privacy statement on how information in this application will be used: [www.resources.nsw.gov.au/privacy](http://www.resources.nsw.gov.au/privacy)

# Document control

Approved by: Executive Director, Assessments and Systems, NSW Resources, under delegation from the Minister administering the Mining Act*.*

CM10 Reference: RDOC24/172813

|  |  |  |
| --- | --- | --- |
| Amendment schedule | | |
| **Date** | **Version #** | **Amendment** |
| November 2024 | 4.0 | New format for NSW Resources. |
| July 2020 | 1.0 | New format for Regional NSW. Form updated to reflect new department name and branding, and updated links |
| July 2022 | 2.0 | New format to reflect new template Regional NSW/MEG  Update contact details to reflect @regional email address  Updated footer: document number and date  Reviewed links |
| March 2023 | 3.0 | Form updated to reflect commencement of Mining Regulation 2016 on 1 March 2023 and administrative updates. |

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1. Sch. 1B cl 5, Mining Act. [↑](#footnote-ref-2)
2. Clause 97, Regulation. [↑](#footnote-ref-3)