January 2025

Application to amend or revoke an offshore exploration licence OEL2

# *Offshore Minerals Act 1999*

## When to use this form

**Complete this form if you are applying to amend or revoke an offshore mineral exploration licence in NSW.**

This form and its associated templates are approved in accordance with the requirements of the *Offshore Minerals Act 1999* and the Offshore Minerals Regulation 2020*.*

The information requested in this form may not be specifically referenced in the Act or Regulations, however, its inclusion in the approved form validates the authority of the Department of Primary Industries and Regional Development (the department) to request it.

## How to lodge

You can lodge your application by email: titles@regional.nsw.gov.au

Lodgement of your application in any of the above ways is taken to be lodgement with the Secretary under the Act. For help with lodging this application, or for more information about authorisations under the Act in NSW contact:

NSW Resources - Assessments and Systems

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

**Email:** titles@regional.nsw.gov.au

# Important notes

Accompanying documents

Any information or template required to accompany this application must be lodged with the application.

Applicant

In this form, references to ‘the applicant’ should be read as including a reference to each applicant, where there is more than one applicant (unless stated otherwise).

Fees

No fee is currently prescribed for an application to amend or revoke an offshore mineral exploration licence.

1. Applicant details

Provide the full name of the applicant/s and if applicable, the ACN or ARBN (for foreign companies).

If the application is to be held by more than one person, provide the share in the licence that each prospective holder will hold to comply with s54(1)(d)(vi) of the Act.

|  |
| --- |
| 1st Applicant |
| Name |       |
| Contact phone |       |
| Contact email |       |
| ACN / ARBN |       |
| Street address (Registered street address for a company) |       |
| Postal address | [ ]  Same as above |
| Enter here if different |

|  |
| --- |
| 2nd Applicant |
| 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. Contact for this application and service

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

|  |
| --- |
| 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 licence via the email and postal address specified above.

1. Area
	1. Area description

[ ]  I have attached a description of the area using the following table format to satisfy s54(1)(c) of the Act.

Example

|  |  |  |  |
| --- | --- | --- | --- |
| Name of map sheet  | Block number  | Unit letter/s applied for (list a to z except ‘i’) | Total units per block  |
| SYDNEY | 671 | a b c  | 3 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Map of area

[ ]  I have attached a map that relates to the blocks and complies with s54(1)(e) of the Act.

1. Further details
	1. Work program

[ ]  I have attached a work program that addresses points 1-3 below:

1. sets out the activities that the applicant intends to carry out on the block or blocks covered by this application, and
2. details the amount of money that the applicant intends to spend on these activities,
3. contains any other information relevant to the carrying out of activities such as community consultation to be undertaken or environmental management.
	1. Technical qualifications and advice

[ ]  I have attached details of the technical qualifications of the applicant and of the applicant’s employees who are likely to be involved in activities authorised by the licence. Include details of any technical advice available to the applicant to satisfy sections 54(1)(d)(iii) and (iv) of the Act.

* 1. Financial resources

[ ]  I have attached details of the financial resources available to the applicant to satisfy section 54(1)(d)(v) of the Act.

1. Additional information

Please attach any additional information that may be relevant to the decision-maker to support your application. This should outline the amendment or revocation sought and provide supporting reasoning.

[ ]  I have attached details relating to the amendment or revocation sought and any other information relevant to support this application under s54(2) of the Act.

1. Fee payment

No application fee is required to amend or revoke an exploration licence, under s56 of the Act.

1. Select your fee payment method (if required)

|  |  |
| --- | --- |
| Select | Payment method |
| [ ]  | Direct depositAccount name: Department of Primary Industries and Regional Development BSB: 032 001Account number: 183837Reference: OELA [your company last name] If you are paying by direct deposit, attach a copy of the receipt issued by your banking authority as evidence that you have paid. |
| [ ]  | Credit card |
| To pay by credit card, please tick the credit card box and contact (02) 4063 6600 to speak to a customer service representative. Your credit card information is never stored on file. |

1. Checklist

| Items to include with your application  |  | Reference |
| --- | --- | --- |
| Table with area description  | [ ]  | Question 3.1 |
| Map of area and blocks | [ ]  | Question 3.2 |
| A proposed work program  | [ ]  | Question 4.1 |
| Details of technical qualifications and advice  | [ ]  | Question 4.2 |
| Details of financial resources  | [ ]  | Question 4.3 |
| Any other relevant information  | [ ]  | Question 5 |
| Payment, proof of payment or details that allow the payment to be made has been provided | [ ]  | Question 6 |
| Has each applicant or an agent authorised to act on behalf of the applicant/s signed the application form? | [ ]  | Question 9.1 |
| For agents only – evidence of appointment as agent, if this has not been previously supplied to the department | [ ]  | Question 9.2 |

1. Declaration
	1. Applicant/s (individual or company)

This form should be signed by each applicant or an agent authorised to act on behalf of the applicant/s.

For each applicant (signed below):

* I certify that the information provided is true and correct to the best of my knowledge and belief. I understand that under Part 5A of the *Crimes Act 1900*, knowingly or recklessly giving false or misleading information is a serious offence, and under the *Offshore Minerals Act 1999* and Offshore Minerals Regulation 2020, 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.
* (For companies only) In addition to the declaration above, by signing below, I also certify that I am authorised to complete and provide the information in this form on behalf of the company listed in section 1 of this form.

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

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

OR

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

|  |
| --- |
| Agent details |
| Name |       |
| Position/title |       |
| Date |       |
| Signature | Agent Signature |

Has evidence of the appointment of this agent been previously supplied to the department?

[ ]  Yes – no need to attach evidence again unless and until any changes to the authority of the agent occur

**OR**

[ ]  No – I have attached evidence of the appointment of this agent.

# Office/Administrative use only

|  |
| --- |
| Application received: |
| Time: |       | Date: |       |
| Officer’s name |       |
| Signature | Office use only signature |
| **Application fee amount: N/A** |
| Fee amount | N/A |
| **Total amount** | N/A       |
| **Receipt number** |       |

# Document control

Approved by: Deputy Secretary under delegation from the Minister administering the *Offshore Minerals Act 1999*

CM10 Reference: RDOC24/235965

|  |
| --- |
| Amendment schedule |
| **Date** | **Version #** | **Amendment** |
| December 2024 | 1.0 | Form created and approved |

**© State of New South Wales through Department of Primary Industries and Regional Development 2025**. The information contained in this publication is based on knowledge and understanding at the time of writing in December 2025. However, because of advances in knowledge, users are reminded of the need to ensure that the information upon which they rely is up to date and to check the currency of the information with the appropriate officer of the Department of Primary Industries and Regional Development 2024 or the user’s independent adviser.

Privacy statement

This information is collected by the Department for the purposes of assessing an application for an application as required by the *Offshore Minerals Act 1999* or Offshore Minerals Regulation 2020.

This information may also be used by the Department to comply with its public register and record-keeping requirements under the *Offshore Minerals Act 1999* or Offshore Minerals Regulation 2020, to confirm applicant details in the event that subsequent applications are made and to establish and maintain databases to assist the department with its work generally.

Except for purposes required by law, your personal information will not be disclosed to third parties unless the disclosure is directly related to the purpose for which the information was collected, and the department has no reason to believe you would object to the disclosure, or you are reasonably likely to have been aware, or have been made aware, that information of that kind is usually disclosed to that other person or body, or the department believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person.

You may apply to the department to access and correct any personal information the department holds about you if that information is inaccurate, incomplete, not relevant or out of date.