



Exemption Annual Return

Section 48 Environment Protection Act 1993

Send completed return to

Licensing & Regulatory Services Branch
 Environment Protection Authority
 GPO Box 2607 ADELAIDE SA 5001

Enquiries

Freecall (outside metro): 1800 623 445
 Tel: (08) 8204 2058 or (08) 207 1874
 Email: epalicensing@sa.gov.au
 Website: https://www.epa.sa.gov.au

If you are unsure of the requirements of this annual return, contact the Licensing & Regulatory Services Branch on (08) 8204 2058.

Preamble

This annual return covers all the Prescribed Activities you are currently licensed for by the Environment Protection Authority.

This form must be completed in full and signed (on the back page) by an authorised person. If the submitted form is incomplete, it cannot be processed.

This form should not be used to include a new or additional prescribed activity or additional site or location. A New Exemption Application form must be submitted for all new activities and locations.

Note: A maximum penalty of up to \$60 000 applies for providing false or misleading information.

PART A: APPLICANT DETAILS SECTION 1

1.1 Your current EPA Exemption No.

A separate Annual Return form is to be completed for each site

1.2 Have any of your exemption details changed?

(refer to your current exemption front page to check Exemption Holder's Name and Postal Address)

Yes No

If No – go to 1.3

If Yes – indicate changed details here as applicable

New holder(s) name that is to appear on the exemption

Note: If the holder is a company, check if the change is to the name only, i.e. no change of Australian Company Number (ACN). **If a new ACN has been generated you will need to submit a New Exemption Application form. If the holder is a person and a new or additional name is to be included, you will need to submit a New Exemption Application form.**

New postal address for correspondence:

Postcode: _____

1.3 Who is authorised to act on behalf of the exemption holder?

a. Contact name: _____

Position: _____

Tel: _____

Email: _____

b. Contact name: _____

Position: _____

Tel: _____

Email: _____

c. Contact name: _____

Position: _____

Tel: _____

Email: _____

(if not enough room, please add additional people in Section 2)

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DECLARATION

If the applicant is:

1. A company, body corporate or proprietary company the following must sign this declaration:

- a director and/or the company secretary and/or a person appointed as a responsible officer.

2. A natural person(s):

- each person or a person legally authorised by the applicant must sign this declaration.

3. A statutory body:

- a person whom the Minister has authorised must sign this declaration.

4. An incorporated association:

- a person(s) who is authorised under the rules of that association.

For government departments that do not involve a statutory body, the Minister or a person whom the Minister has authorised must sign this declaration.

For joint applications, all parties must sign this declaration.

I/we hereby declare that the information provided in this application and accompanying documents, to the best of my knowledge, is true and correct.

a. Name

Signature

Position of signatory

Date

b. Name

Signature

Position of signatory

Date

c. Name

Signature

Position of signatory

Date

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