Form

*Environmental Protection Act 1994*

*Changes to projects undergoing Environmental Impact Statement (EIS) assessment under Environmental Protection Act 1994 (EP Act)*

This form is for proponents to advise the chief executive of changes to the project, project name, proponent, appointed signatory for the proponent, or agent for the proponent, for projects undergoing assessment by EIS under EP Act.

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| **GUIDE** |  | Date | | |
|  |  | Click or tap to enter a date. | | |
| **Proponent**  The ‘*proponent*’ is the registered legal entity intending to carry out the activity and in whose name the applicable permits, licenses or authorities are to be issued. |  | Proponent | | |
|  | PROPONENT’S NAME(S) (PRINT FULL NAME)  Click or tap here to enter text. | | |
| **Project name**  The project name must remain consistent for all correspondence and publicly released information. |  | Project name | | |
|  | PROJECT NAME  Click or tap here to enter text. | | |
|  |  | Changes to project name | | |
|  |  | The proponent advises the Chief Executive of the following changes (select any relevant): | | |
|  |  |  | Project name | INSERT NEW PROJECT NAME BELOW  Click or tap here to enter text.  ATTACH SUPPORTING INFORMATION |
|  | Project scope or footprint | PROVIDE SUMMARY BELOW  ATTACH SUPPORTING INFORMATION |
|  | Project proponent | PROVIDE DETAILS IN ATTACHMENT 1  ATTACH SUPPORTING INFORMATION |
|  | Responsible person/appointed signatory for proponent | PROVIDE DETAILS IN ATTACHMENT 1  ATTACH SUPPORTING INFORMATION |
|  |  |  | Changes to agent for proponent | PROVIDE NEW DETAILS IN ATTACHMENT 1  ATTACH SUPPORTING INFORMATION (e.g. letters) |
|  |  |  | INSERT SUMMARY OF CHANGES  Click or tap here to enter text. | |
|  |  | Supporting information | | |
|  |  | The following information is attached to this form: | | |
|  |  |  | Attachment 1 outlining changes to proponent, appointed signatory or agent | |
|  |  |  | Click or tap here to enter text. | |
|  |  |  | Click or tap here to enter text. | |
|  |  |  | Click or tap here to enter text. | |
|  |  |  | Click or tap here to enter text. | |
|  |  |  | Click or tap here to enter text. | |
|  |  |  | Click or tap here to enter text. | |
|  |  | Commonwealth Assessment | | |
|  |  | Is this project a controlled action under Commonwealth *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act)?  *and*  Is it being assessed by EIS under Bilateral agreement between the Australian and Queensland Governments or has the EIS process been accredited to assess matters of national environmental significant? | | |
|  |  | No → Go to Section 7  Yes → Changes to project title and proponents must be lodged with the Commonwealth Environment Department. Please contact the EIS Coordinator to discuss. | | |
|  |  | PROVIDE INFORMATION ON ANY CONSULTATION WITH THE COMMONWEALTH ENVIRONMENT DEPARTMENT  Click or tap here to enter text. | | |

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| **Privacy statement**  The Department of Environment and Science (the department) is committed to protecting the privacy, accuracy and security of your personal information in accordance with the *Information Privacy Act 2009.* The department is collecting your personal information in accordance with the EP Act. The information will only be accessed by authorised employees within the department. Your information will not be given to any other person or agency unless you have given us permission or we are authorised or required by law. All information supplied on this form may be disclosed publicly in accordance with the *Right to Information Act 2009* and *Evidence Act 1977.* For further privacy information go to our website <https://www.des.qld.gov.au/legal/privacy/> or email [privacy@des.qld.gov.au](mailto:privacy@des.qld.gov.au).  **Responsible person/appointed signatory**  The ‘responsible person/appointed signatory’ must sign this form. Please advise the department in writing of any changes to the ‘responsible person/appointed signatory’. |  | Declaration | | | | |
|  | I declare that:   * I am the proponent or an authorised signatory for the proponent * I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge. * I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1997*. | | | | |
|  | RESPONSIBLE PERSON/APPOINTED SIGNATORY’S NAME  Click or tap here to enter text. | | | | |
|  | RESPONSIBLE PERSON/APPOINTED SIGNATORY’S SIGNATURE | | | DATE  Select Date | |
|  | POSITION OF SIGNATORY AND COMPANY  Click or tap here to enter text. | | | | |
|  | PHONE  Click or tap here to enter text. | EMAIL  Click or tap here to enter text. | | | |
|  | NAME OF JOINT VENTURE PARTY (IF APPLICABLE)  Click or tap here to enter text. | JOINT APPLICANT’S SIGNATURE (IF APPLICABLE) | | | DATE  Select Date |
|  | NAME OF JOINT VENTURE PARTY (IF APPLICABLE)  Click or tap here to enter text. | JOINT APPLICANT’S SIGNATURE (IF APPLICABLE  ) | | | DATE  Select Date |
|  | NAME OF JOINT VENTURE PARTY (IF APPLICABLE)  Click or tap here to enter text. | JOINT APPLICANT’S SIGNATURE (IF APPLICABLE) | | | DATE  Select Date |
| **Further information**  More information on the EIS process is available in the department’s guideline ‘[*The EIS process for resource projects under the EP Act*’](https://www.qld.gov.au/environment/management/environmental/eis-process/resources) at [www.des.qld.gov.au](http://www.des.qld.gov.au) by searching ‘developing an EIS’ or ‘ESR/2016/2171’.  For the latest version of this publication [www.des.qld.gov.au](http://www.des.qld.gov.au) search: ‘EIS change to project’ or ‘ESR/2023/6496’ |  | **Please submit this form and supporting information to:**  [eis@des.qld.gov.au](mailto:eis@des.qld.gov.au) or  Environmental Impact Assessment  Department of Environment and Science  GPO Box 2452  BRISBANE QLD 4001 | | **Enquiries or assistance filling in this form:**  Contact the department’s EIS Coordinator by email at [eis@des.qld.gov.au](mailto:eis@des.qld.gov.au) or on 13 QGOV (13 74 68) for details. | | |

**Attachment 1. Change of proponent, agent or contacts**

Provide updated information below. If more space is required, print off a blank copy of this page and attach to the form.

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| **PROPONENT DETAILS** |
| NAME OF PROPONENT(S)  Click or tap here to enter text. |
| NAME AND TITLE OF RESPONSIBLE PERSON/APPOINTED SIGNATORY  Click or tap here to enter text. |
| PREFERRED EMAIL ADDRESS(ES)  Click or tap here to enter text. |
| INDICATE IF YOU WANT TO RECEIVE CORRESPONDENCE ELECTRONICALLY |
| ABN/ACN  Click or tap here to enter text. |
| FULL RESIDENTIAL ADDRESS OR REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX ADDRESS)  Click or tap here to enter text. |
| FULL POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)  Click or tap here to enter text. |

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| **AGENT DETAILS** | |
| INDIVIDUAL OR BUSINESS NAME (INCLUDING TRADING NAME IF RELEVANT)  Click or tap here to enter text. | |
| RESIDENTIAL ADDRESS OR REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX ADDRESS)  Click or tap here to enter text. | |
| POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)  Click or tap here to enter text. | |
| CONTACT PERSON  Click or tap here to enter text. | |
| PHONE  Click or tap here to enter text. | EMAIL  Click or tap here to enter text. |
| INDICATE IF YOU WANT THE NOMINATED AGENT TO RECEIVE A COPY OF FUTURE CORRESPONDENCE | |

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| **DETAILS OF JOINT VENTURE PARTNERS** | |
| JOINT APPLICANT’S NAME (PRINT FULL)  Click or tap here to enter text. | |
| RESPONSIBLE PERSON/APPOINTED SIGNATORY  Click or tap here to enter text. | |
| ABN/ACN  Click or tap here to enter text. | |
| FULL RESIDENTIAL ADDRESS OR REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX ADDRESS)  Click or tap here to enter text. | |
| POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)  Click or tap here to enter text. | |
| CONTACT PERSON  Click or tap here to enter text. | |
| PHONE  Click or tap here to enter text. | EMAIL  Click or tap here to enter text. |

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| --- | --- |
| JOINT APPLICANT’S NAME (PRINT FULL)  Click or tap here to enter text. | |
| RESPONSIBLE PERSON/APPOINTED SIGNATORY  Click or tap here to enter text. | |
| ABN/ACN  Click or tap here to enter text. | |
| FULL RESIDENTIAL ADDRESS OR REGISTERED BUSINESS ADDRESS (NOT A POST OFFICE BOX ADDRESS)  Click or tap here to enter text. | |
| POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)  Click or tap here to enter text. | |
| CONTACT PERSON  Click or tap here to enter text. | |
| PHONE  Click or tap here to enter text. | EMAIL  Click or tap here to enter text. |