

# MARINE PARKS PERMIT

AUGUST 2004

## TEMPORARY RELOCATION APPLICATION FORM

Please read and complete this form carefully as incorrect or insufficient information may delay consideration of your application.

### CONTACT PERSON

Please nominate a contact person who is authorised to discuss matters relating to this application.

Contact Person:

Position:

Contact's Telephone:

Contact's Facsimile:

Mobile Phone (if applicable):

Email (if applicable):

1. Please tell us the current permit number for the affected operation.

Permit Number:

2. Where is the site that has been affected by the severe environmental incident?

Reef Name:

Reef ID (if available):

GPS Location (if available):

3. Please describe what you are seeking to relocate.


4. Please describe the severe environmental incident that has affected your operation.  
*Include the nature, scale and cause of degradation/damage to the site, and details of any efforts you have made to reduce causes of degradation at your site.*


### Information Box

*Examples of a severe environmental incident include cyclones, ship groundings, coral bleaching, oil spills and crown of thorns starfish outbreaks.*

*The incident must have been beyond your reasonable control and not a result of any negligence on your part.*



Australian Government  
Great Barrier Reef  
Marine Park Authority



Queensland Government  
Environmental Protection Agency  
Queensland Parks and Wildlife Service

our great barrier reef  
let's keep it great



5. Please describe how the incident has made your tourism operation unviable at the identified site.


### Information Box

You may include video transects, before and after photos, client satisfaction surveys or any material you have about the quality of the site.

6. Please explain the importance of this site to your total operation (eg one of a number of sites you operate to, semi-permanent infrastructure, individually marketed destination).


7. Please list potential relocation areas in order of preference.

1.	
2.	
3.	
4.	
5.	

### Information Box

Attach site maps, aerial photographs, orthophoto and/or DGPS location material if available.

Please attach any additional material that you feel may help in the assessment process.

**REMEMBER:** The temporary relocation you are applying for provides for a short term (12 months) alternative so that you can continue your operations while longer term options are considered.

Please discuss your longer term operational needs with us as soon as possible.

## DECLARATION

I declare that the information given is true and correct; and where the current permit holder and/or the intended holder is a company, I certify that I am duly authorised by the company to sign this application on its behalf.

Signature: _____
Name: _____ (block letters)
Position: _____
Date: _____

Signature: _____
Name: _____ (block letters)
Position: _____
Date: _____

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