

## Notification of intention to clear under an Area Management Plan

Vegetation Management Act 1999

Important: It is the notifier's responsibility to ensure the correct information is provided when giving notice of intended clearing.

Use this form to notify of your intention to clear native vegetation under an approved Area Management Plan (AMP). Please lodge the completed form at a Department of Resources business centre. For the location of your nearest business centre, visit the department's website <a href="www.resources.qld.gov.au">www.resources.qld.gov.au</a> or telephone 135 VEG (13 58 34).

1. AMP identification number					
Please indicate which AMP that you intend to clear under:					
□ 2013/005199 Desert Channels Weeds of National Significance					
□ 2014/004947 Necessary environmental clearing in the Burnett Kolan catchments					
□ 2014/006538 Control pest plants in the Dry Tropics					
□ 2017/001700 Apiary infrastructure					
2. Notifier's details					
All correspondence will be mailed to this address.					
The notifier will be the owner of the land, except where an AMP includes a condition that allows another entity to give notice. The owner of the land can include a freehold owner, a lessee of an agricultural and grazing lease, and a trustee on trust land.					
First name:	Middle name:		Surname:		
Company name:					
If a corporation then enter one of the following:					
☐ ACN ☐ ABN ☐ ARBN					
Main phone:		Other phone:			
Email:					
Address line 1:					
Address line 2:					
Town/Suburb:		State:		Postcode:	

Lot	of land you intend to clear un	Local Government Area			
4. Purpose of o	clearing vegetation				
Please ensure that	at the AMP you intend to clear und	ler allows clearing for the purpose/s indicated.			
	ng non-native plants or declared p	pests			
	ry environmental clearing frastructure				
5. Signature/s					
In signing this not	ification form, I confirm that:				
the information I am supplying is accurate and correct					
I have read management		th the requirements of the relevant area			
the relevant	nt area management plan applies	to the land and the vegetation type I intend to clear.			
Landholder Signature:		Landholder Signature:			
Date:		Date:			
notification for vegetation m Your personal details will be	rmation being collected in this form will be used by the anagement activities under the authority of the Veges accessed only by authorised officers within this depoint your consent except where required by law. The interest where required by law.	tation Management Act 1999.  Artment and will not be disclosed Position:			

retained as required by the *Public Records Act* 2002 and may be stored in a departmental database.

Office use only	Date received
Name:	
Position:	
Signature	
Date:	