

## Crown land tenure: Waiver of the requirement for ministerial consent to transfer

This form is used to apply for a waiver of the requirement for the holder of a Continued Tenure, a Continued Irrigation Tenure or a Continued Western Lands Tenure to apply for ministerial consent to transfer, convey, assign or otherwise deal with a lease.

Any waiver granted is for a period of twelve (12) months from the date of issue. Any further period of time will require a new application.

### Important information

Investigation of those applications involving the transfer of a rural leases will generally involve a physical inspection of the property. The NSW Department of Planning, Industry & Environment - Crown Lands field officer will assess the lessee's compliance with lease conditions. These conditions include, but are not limited to, maintenance of boundary fencing, weed and feral animal control and compliance with any cultivation consents issued over the land.

If during the inspection, a breach of conditions is identified, the department may choose to either:

- refuse to grant the waiver and the lessee will be required to follow the standard consent-to-transfer process
- or
- withhold the waiver pending certain specified works being undertaken. If a second property inspection is required to confirm that the specified works have been completed, the costs associated with the inspection will be passed on to the tenure holder.

### Contact us

For more information, please contact us at:

NSW Department of Planning, Industry & Environment - Crown Lands  
PO Box 2155  
DANGAR NSW 2309

Phone: 1300 886 235

Fax: 02 4925 3517

Email: [enquiries@crowmland.nsw.gov.au](mailto:enquiries@crowmland.nsw.gov.au)

Web: [industry.nsw.gov.au/lands](http://industry.nsw.gov.au/lands)

### Fee

\$237.00

The fee is for the application for the waiver of minister's consent to transfer, convey, assign or otherwise deal with a lease under clause 18 of schedule 1, clause 12 of schedule 2 and clause 13 of schedule 3 of the *Crown Lands Management Act 2016*.

For further information please refer to the NSW Department of Planning, Industry & Environment - Crown Lands website ([industry.nsw.gov.au/lands](http://industry.nsw.gov.au/lands)).

## Lodgement

Email the completed form to: [enquiries@crownland.nsw.gov.au](mailto:enquiries@crownland.nsw.gov.au)

Mail to NSW Department of Planning, Industry & Environment - Crown Lands  
PO Box 2155  
DANGAR NSW 2309

Include fee payment - Cheque or Money Order payable to the Department of Planning, Industry & Environment - Crown Lands

## Applicant details

Multiple leases may be placed on a single application form if they are held by the same registered landholder(s) and are managed as the one property.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:				
First name		Surname			
First name		Surname			
Company/business name					
ABN/ACN					
Home address					
Postal address					
Email address					
Work telephone		Home		Mobile	

As the registered landholder(s) I/we hereby apply for the Waiver of Minister's Consent to transfer requirements on the restricted leasehold land specified in the Schedule below.

## First Schedule—Particulars of lease(s)

Account No.(s) or Lease No.(s)	
Lot/section/DP	
Local government area	

## Second Schedule—Questions to be completed by the registered landholder(s)

ALL QUESTIONS MUST BE ANSWERED WHEN APPLYING FOR THE WAIVER OF CONSENT FOR A RURAL LEASE.

1. For what purpose was the lease granted (e.g. residence, grazing, business)?

2. For what reason are you applying for a waiver?

3. What was the rainfall and seasonal conditions for the last 12 months (rural leases only)

Rainfall measurement	Last 12 months	<input style="width: 80%;" type="text"/>	Average Annual Rainfall	<input style="width: 80%;" type="text"/>
Property seasonal conditions:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	
District seasonal conditions:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	
Comments:				

4. What livestock (numbers from station count) has been run on the property in the last 12 months (rural leases only)?

Sheep		Cattle	
Ewes + % lambs		Cows + % calves	
Wethers		Heifers	
Weaners		Steers	
Rams		Bulls	
Total		Total	
Specify breed (i.e. Merino or Dorpers?)			
<b>Other livestock</b>		<b>Type</b>	

5. What percentage of boundary fencing is in a stock-proof condition? Provide comments regarding work that needs to be done (including problems you may be experiencing with regards to repairs/replacement).

Stock proof	25 % <input type="checkbox"/>	50 % <input type="checkbox"/>	75 % <input type="checkbox"/>	100 % <input type="checkbox"/>	Other =
Year of last repairs					
Comments					

6. Are you aware of any outstanding debt to the Crown for the lease(s)?

7. Are there any prescribed or notifiable weeds on the property? Advise the name of the weed and what actions have been undertaken in the last 12 months to control it. If there is a weed management plan in place please attach a copy to the application.

8. Are you aware of any other third party interest relating to the leasehold land (e.g. shared water points)?

9. Do the leased lands benefit from any cultivation consents, licences or easements? If so, provide further information such as licence number and purpose.

10. Are you aware of any outstanding compliance issues relating to the leasehold land (refer to the important information section of this form)?

## Declaration by the registered landholder(s)

I/We do hereby declare and affirm that:

1. the proposed purchaser(s) will be provided with a copy of the lease document/conditions if one has been made available by the department
2. I/we will continue to comply with the lease conditions and ensure that the annual rental is paid when due for the duration of the waiver period.

Signature		Date	
Signature		Date	

Signature of qualified witness to the statutory declaration		Date::	
Name of witness		Date	

Office use only – Refer to the Receipting and Referrals Codes Document					
<input type="checkbox"/> BCD	<input type="checkbox"/> BCN	<input type="checkbox"/> DO	Referral Code		Account Number
Fee Paid		Receipt Number		CM9 Ref	
Date					

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