

Application for suspension of conditions of a mineral claim

Form SST8, *Mining Act 1992*



Regional
NSW

Lodgement information

For help with lodging this application, or for more information about authorisations in New South Wales, contact:

Mining, Exploration and Geoscience

Lightning Ridge Office

Phone +61 2 6820 5200

Fax +61 2 6829 0825

lightningridge.office@planning.nsw.gov.au

Note

- any reference to the 'Department' in this form, refers to **Regional NSW**

How to lodge this form with the Secretary

- By email:** Send an electronic copy of the form including any attachments to lightningridge.office@planning.nsw.gov.au
- By mail:** Mail your form and any attachments to Mining, Exploration & Geoscience, Resource Operations, PO Box 314, Lightning Ridge NSW 2834
- By fax:** Fax your form and any attachments to +61 2 6829 0825
- In person:** Submit your application in person at the Department Office, Shop 1, 3 Morilla Street, Lightning Ridge, New South Wales. Office hours are 9.30am to 4.00pm Mon-Thurs, 9.30am to 1.00pm Friday.

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The information contained in this publication is based on knowledge and understanding at the time of writing (July 2020). However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the Department or the user's independent advisor.

Privacy statement

This information is collected by the Department for the purposes of assessing an application for an authorisation or an application associated with an authority as required by the *Mining Act 1992* or Mining Regulation 2016.

This information may also be used by the Department to confirm applicant details in the event that subsequent applications are made and may also be used to establish and maintain databases to assist the Department with its work generally.

Except for purposes required by law, the information will not be accessed by any third parties in a way that would identify the person without the consent of that person.

You may apply to the Department to access and correct any information the Department holds if that information is inaccurate, incomplete, not relevant or out of date.

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When to use this form

This form is to be completed by mineral claim holders applying for the suspension of a condition, or conditions, of a mineral claim.

It has been prepared in accordance with the requirements of [cl14\(2\) sch1B](#) of the *Mining Act 1992* and the Mining Regulation 2016. Note: A condition of a mineral claim that is suspended on the application of the holder may not be suspended for more than 3 months at a time.

If there is insufficient room in any of the fields, please provide the information as an attachment.

Important notes

Accompanying documentation

Any information or document that is required to accompany this application should be lodged within **10 business days of the lodgement date**. Failure to supply the information within this timeframe may be considered as grounds for refusing the application according to [cl6\(d\) sch1B](#) of the *Mining Act 1992*.

The Department's [website](#) provides comprehensive information relating to fees, completion of applications, methods of lodgment, Departmental policies, office locations, Native Title and contact details.

Agents

If this application is lodged by an agent on behalf of the applicant/s, the Department may seek confirmation of the authority under which the agent operates and any limits of that authority. The agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the Department ([cl97](#) of the Mining Regulation 2016).

Next steps

Once your application has been received, it will be considered by the Secretary and may be granted or refused. You will be notified in writing of the outcome of your application.

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1 Mineral claim number

Mineral claim number

2 Mineral claim holder/s details

1st Holder details

Name	
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

2nd Holder details

Name	
Contact phone	
Contact email	
ACN / ARBN	
Street address (Registered street address for a company)	
Postal address	<input type="checkbox"/> Same as above

Additional holders

Provide the full name, phone number, email address, ACN or ARBN (for foreign companies), street address (individuals), registered street address (companies) and postal address details of additional holders.

Additional holders

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3 Period and condition/s for which the suspension is sought

Period must not exceed three months.

Period and condition/s for which the suspension is sought	
Period sought	
Condition/s	

4 Reason for application

5 Declaration

This form should be signed by the applicant/s (in the case of a company a duly authorised officer) or an agent authorised to act on behalf of the applicant/s.

5.1 Applicant/s (individual or company)

For each applicant (signed below):

I certify that the information provided is true and correct to the best of my knowledge and belief. I understand under the *Crimes Act 1900 NSW* Part 5A, that knowingly or recklessly giving false or misleading information is a serious offence, and under the *Mining Act 1992* section 378C, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

(For companies only) In addition to the declaration above, by signing below, I **also** certify that I am authorised to complete and provide the information in this form on behalf of the company listed in section 2 of this form.

1 st Applicant details	
Name	
Position/title	
Date	
Signature	

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2nd Applicant details

Name	
Position/title	
Date	
Signature	

3rd Applicant details

Name	
Position/title	
Date	
Signature	

5.2 Agent authorised to act for this applicant/s

Evidence of appointment is required if this has not been previously supplied to the Department.

Agent details

Name	
Position/title	
Date	
Signature	

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Office/Administrative use only

Application received:	
Time:	Date:
Officer's Name	
Signature	

Document control

Approved by: Executive Director, Resource Operations, Regional NSW under delegation from the Minister administering the *Mining Act 1992*.

CM9 Reference: DOC20/487758

Amendment schedule		
Date	Version #	Amendment
July 2020	1.0	New format for Regional NSW. Form updated to reflect new Departmental name and branding, and updated links.