**Assignment of a Concession**

**Application form**



Please provide all information requested in as much detail as possible. All parties will be advised if further information is required before this application can be processed by the Department. The standard timeframe for a complete assignment application to be processed is 20 working days.

Page 2 must be checked and completed by the existing holder of the concession (Assignor), the subsequent pages must be completed by the proposed new holder of the concession (Assignee). Please ensure ALL sections are completed before returning to your usual permissions advisor or the [appropriate Department of Conservation Office](http://www.doc.govt.nz/about-doc/concessions-and-permits/concessions/contacts/) – see appendix for contact details. If extra space is required for answering please attach and label according to the relevant section.

**Please note:** If the Grantor gives consent to this Application, then the Assignor remains liable to observe and perform the terms and conditions of this Concession throughout the Term and is to procure from the Assignee a covenant to be bound by the terms and conditions of this Concession.

Once the application form has been filled in, please complete this checklist to ensure that all components of your application are complete. This will help prevent any possible delays in the processing of your application.

* Legal status registration number of assignee (if not an individual)

* Written testimonials (if required)
* Have you included your payment for processing fees? (please note that we may conduct a credit check if you have not previously applied for a Concession or Permit with us before and have not provided payment)
* Has the Assignee read and accept the section regarding the liability of the applicant for payment of fees.
* **Have the Assignee and the Assignor signed the application?**

**All efforts in putting together a detailed application are greatly appreciated and will allow the Department to effectively and efficiently process your application.**

**This page is to be completed by the Assignor**

**Details of Existing Concession**

|  |  |
| --- | --- |
| Permission number | ~&~PermissionPermissionNumber^&^ |
| File | ~&~PermissionFileRef^&^ |
| Holder of existing concession | ~&~HolderTableLegalName^&^ |
| Date Concession started | ~&~PermissionTermStart^&^ |
| Date of Expiry | ~&~PermissionTermEnd^&^ |

Assignor Declaration

I/We apply to assign this concession to the applicant identified in Item A overleaf.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reason for assignment |  | | | |
| Date of assignment e.g. date of the business settlement |  | | | |
|  |  | | | Please tick |
| Payment of existing concession fees | I have paid all my concession fees and have returned all my activity returns (where relevant) up to the date of assignment **OR** | | |  |
| I have attached an Activity Return form completed up to the date of assignment, or payment of the relevant proportion of the annual activity fee **AND** I have attached payment for the proportion of the management fee and monitoring fee up to the date of assignment | | |  |
| Liability | I understand that I will remain liable to observe and perform the terms and conditions of this Concession throughout the Term and will procure from the Assignee a covenant to be bound by the terms and conditions of this Concession. | | |  |
| Signature  (Assignor) |  | Date |  | |

**All the following sections are to be completed by the Assignee**

# A. Assignee Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assignee Name (full name of registered company or individual) | | | | | | | |  | | | | | | | | | | |
| Legal Status of applicant (tick) | | | | | Individual | | |  | Registered Company | | |  | | Trust | |  | Incorporated Society |  |
| Other (please specify full details) | | | | | | | |  | | | | | | | | | | |
| Please supply the company, trust or incorporated society registration number: | | | | | | | | | | | | | | | | | | |
| If an individual please supply your date of birth (this is a unique identifier for you): | | | | | | | | | | | | | | | | | | |
| Trading Name (if different from Assignee name) | | | | | | | |  | | | | | | | | | | |
| Postal Address | | | | | | |  | | | | | | | | | | |
| Street Address (if different from Postal Address) | | | | | | |  | | | | | | | | | | |
| Registered Office of Company or Incorporated Society (if applicable) | | | | | | |  | | | | | | | | | | |
| Phone | |  | | | | | | | Website | | |  | | | | | |
| Contact Person and role | | | | | |  | | | | | | | | | | | |
| Phone | | |  | | | | | | | Cell Phone | | | |  | | | |
| Email | | |  | | | | | | | | | | | | | | |
| Contact Person and role | | | |  | | | | | | | | | | | | |
| Phone | | |  | | | | | | | Cell Phone | | | |  | | | |
| Email | | |  | | | | | | | | | | | | | | |

# B. Background Experience of Assignee

Please provide relevant information relating to the assignee’s ability to carry out the proposed activity (e.g. details of previous concessions, membership of professional organisations and relevant qualifications). Attach details and label Attachment B.

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|  |

Has the Applicant or any of the company directors, trustees, partners, or anyone involved with the Application been convicted of any offence? Does the Applicant or any of the company directors, trustees, partners, or anyone involved with the Application have any current criminal charges pending before the court? If yes, please supply details.

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# C. Testimonials

Please attach two written testimonials, together with the names, occupations, addresses and phone numbers of two people who will vouch for the proficiency of the assignee in the proposed activity. At least one testimonial should contain information in relation to the financial viability and standing of the assignee. These testimonials are to be labelled Attachment C.

# D. Insurance

The Assignee will be expected to have the necessary insurance required by the Concession document in place before conducting the concession activity.

# E. Fees

## Processing Fees:

The Department recovers all costs to process an assignment of concession regardless of whether the application is approved or declined.

The current estimated cost of processing an assignment/transfer or variation application is **$500 + GST**.

If at any stage an application is withdrawn the Department shall invoice for the costs incurred by the Department up to that point.

By signing the Declaration on this form the Assignee is agreeing to that all costs associated with the processing of this application will be paid.

**Terms and Conditions for an Account with the Department of Conservation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you held an account with the Department before? (Please tick) | | | Yes |  | No |  |
| If yes, under what name: |  | | | | | |
| If no, please supply 3 trade references in the table below. | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Trade References  These are referees that supply you with goods or services on standard business terms i.e. 20th of month following supply not banks, electricity suppliers, landlords etc. | Telephone Number | Contact Person |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |

1. I/We agree that the Department of Conservation can provide my details to the Department’s Credit Checking Agency to enable it to conduct a full credit check.
2. I/We agree that any change which affects the trading address, legal entity, structure of management or control of the applicant’s company (as detailed in this application) will be notified in writing to the Department of Conservation within 7 days of that change becoming effective.
3. I/We agree to notify the Department of Conservation of any disputed charges within 14 days of the date of the invoice.
4. I/We agree to fully pay the Department of Conservation for any invoice received on or before the due date.
5. I/We agree to pay all costs incurred (including interest, legal costs and debt recovery fees) to recover any money owing on this account.
6. I/We agree that the credit account provided by the Department of Conservation may be withdrawn by the Department of Conservation, if any terms and conditions of the credit account are not met.

# Assignee Declaration

I certify that the information provided on this application form and attached additional information is to the best of my knowledge true and correct. If the assignment is approved, I/we agree to abide by the terms and conditions of Concession Number: ~&~PermissionPermissionNumber^&^

## Note: The Minister can vary any concession granted if the information given in this application contains inaccuracies.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature (Assignee) |  | Date |  |
| Signature (Witness) |  | Date |  |
| Witness Name |  | | |
| Witness Address |  | | |

This application is made pursuant to Sections 17R and 17S of the Conservation Act 1987 [and (where applicable) Section 49 of the National Parks Act 1980/Section 59A of the Reserves Act 1977].

Assignees should familiarise themselves with the relevant provisions of the Conservation Act 1987, the Reserves Act 1977 and the National Parks Act 1980 relating to concessions.

All costs relating to the application are payable to the Department of Conservation (see Section 60B of the Conservation Act 1987).

The Department reserves the right to obtain further information either from the Assignee or from any other relevant source. The Assignee will be advised of any information obtained from other sources. The cost of obtaining such information will be charged to and recovered from the Assignee. The Assignee will be informed as soon as practical from receipt of the application if further information is required before this application can be fully processed by the Department.

The purpose of collecting this information is to enable the Department to process your application. The Department will not use this information for any reason not related to that purpose.

Assignees should be aware that provisions of the Official Information Act might require that some or all information in this application be publicly released.

# For Departmental use

|  |  |  |
| --- | --- | --- |
| Credit check undertaken | |  |
| Comments : |  | | | | |
| Signed |  | | | Name |  |
| Approved |  | | | Name |  |

Note: Approval is to be by a Tier IV Manager or above

**Appendix1: Who to contact?**

**For most queries based in the North Island, all beehive queries, and all Wildlife Act queries please contact:**

Permissions Team Leader

Private Bag 3072   
Hamilton 3240

Ph +64 7 858 1000   
Email: [permissionshamilton@doc.govt.nz](mailto:permissionshamilton@doc.govt.nz)

**For Canterbury, Nelson and Marlborough queries, as well as all Wild Animal Recovery Operations and helihunting queries, as well as Sounds Foreshore licences, please contact:**

Permissions Advisor (Support)

Private Bag 4715

Christchurch Mail Centre   
Christchurch 8140

Phone: +64 3 371 3700  
Email: [permissionschristchurch@doc.govt.nz](mailto:permissionschristchurch@doc.govt.nz)

**For West Coast (South Island) and all mining and extraction of materials queries, please contact:**

Permissions Advisor (Support)

Private Bag 701  
Hokitika 7842

Phone: +64 3 756 9117  
Email: [permissionshokitika@doc.govt.nz](mailto:permissionshokitika@doc.govt.nz)

**For Otago and Southland queries, and North island aircraft queries please contact:**

Permissions Advisor (Support)

PO Box 5244   
Dunedin 9058

Phone: +64 3 477 0677  
Email: [permissionsdunedin@doc.govt.nz](mailto:permissionsdunedin@doc.govt.nz)