

Commercial Activity Agreement

Nature Conservation (Administration) Regulation 2006

between

the **State of Queensland**
as represented by the Department of Environment and Resource Management

and

The National Tour Company Pty Limited
ACN 002 368 247

Tourism and Visitor Services
Department of Environment and Resource Management
GPO Box 2454
Brisbane Qld 4001
Australia

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THIS AGREEMENT IS MADE:

BETWEEN: The State of Queensland as represented by the Department of Environment and Resource Management ("the Department")

AND: The Party named in Item 1 of Schedule A ("the Operator")

BACKGROUND

- A. The State is empowered under section 67 of the *Nature Conservation (Administration) Regulation 2006* (Qld) to enter into a Commercial Activity Agreement authorising a person to conduct a Commercial Activity in a Protected Area.
- B. The State has considered the Operator's application to operate a Commercial Activity and has decided to enter into a Commercial Activity Agreement with the Operator.
- C. The Parties want to record the terms of their agreement.

IT IS AGREED

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, where commencing with a capital letter and unless the context otherwise requires:
- (a) **Act** means the *Nature Conservation Act 1992* (Qld).
 - (b) **Agreement** means this Commercial Activity Agreement and all schedules and annexures to it.
 - (c) **Approved Activities** means the Commercial Activity described in Item 3 in Schedule A.
 - (d) **Approved Insurer** means an insurer that is registered with the Australian Prudential Regulation Authority as a registered insurer.
 - (e) **Authorisation** means the authorisation for the Operator to conduct the Approved Activities and the obligations under this Agreement for, and the conditions relating to, the conduct of the Approved Activities.
 - (f) **Business Day** means 9:00am to 5:00pm on a weekday other than a Saturday, Sunday or a public holiday in Queensland.
 - (g) **Calendar Month** means any of the twelve (12) months of the year.
 - (h) **Calendar Quarter** means the periods 1 January to 31 March, 1 April to 30 June, 1 July to 30 September and 1 October to 31 December.
 - (i) **Calendar Year** means a period of twelve (12) months, beginning on 1 January.
 - (j) **Chief Executive** means the chief executive of the Department who administers the Act or their authorised delegate.
 - (k) **Commencement Date** means the date specified in Item 2 of Schedule A.
 - (l) **Commercial Activity** has the meaning given in Schedule 7 of the Regulation.
 - (m) **Commercial Activity Agreement** is a document contemplated by section 67(1) of the Regulation permitting a person to undertake a Commercial Activity in a Protected Area.
 - (n) **Conservation Condition(s)** means the standard condition(s) contained in clause 4.1 and, if applicable, the additional conditions contained in Schedule C.
 - (o) **Contact Officer** means the contact persons for the Parties specified in Schedule B or any person substituted by a Party by notice to the other.
 - (p) **Cultural Resources** has the meaning given in the Act.
 - (q) **Expiry Date** means the date specified as such in Item 2 of Schedule A.
 - (r) **Fee(s)** means the fee(s) payable to the State for the Approved Activities specified in Schedule B.
 - (s) **GST** means any tax imposed under GST Law and includes GST within the meaning of the GST Act.
 - (t) **GST Act** means the *A New Tax System (Goods and Services Tax) Act 1999* (Cth) as amended.
 - (u) **GST Law** means the GST law as defined in the GST Act and includes any Act of the Parliament of Australia that imposes or deals with GST.
 - (v) **Natural Resources** has the meaning given in the Act, and includes the natural or physical features of the area including wildlife, water, minerals and air.
 - (w) **Parties** means the State and the Operator, and **Party** means either of the Parties as the context requires.

- (x) **Personal Information** means information or an opinion (including information or an opinion forming part of a database) whether true or not and whether recorded in a material form or not, about an individual whose identity is apparent or can reasonably be ascertained, from the information or opinion.
- (y) **Protected Area** means the means the classes of protected areas described by the Act, and identified in Item 3 of Schedule A and includes the Relevant Area.
- (z) **Relevant Area** means the area where the Approved Activities may be conducted as specified in Item 3 of Schedule A.
- (aa) **Return of Operations** means a report in the format specified in Schedule D which complies with the requirements of Schedule B and is to be provided by the Operator to the State in accordance with clause 19.
- (bb) **Regulation** means the *Nature Conservation (Administration) Regulation 2006* (Qld);
- (cc) **Suitable Person** means a suitable person to be a party to an Agreement, having regard to the matters in Schedule 2 of the Regulation.
- (dd) **Term** means the period commencing on the Commencement Date and ending on the Expiry Date.

1.2 In this Agreement, unless a contrary intention appears:

- (a) words importing a gender include any other gender;
- (b) words in the singular include the plural and vice versa;
- (c) all dollar amounts refer to Australian currency;
- (d) a reference to any legislation includes any subordinate legislation made under it and any legislation amending, consolidating or replacing it;
- (e) a reference to an entity or person includes an individual, corporation, partnership or other legal entity;
- (f) a Party includes its executors, administrators, liquidators, successors and permitted assigns;
- (g) a reference to a clause, schedule, attachment or annexure is a reference to a clause, schedule, attachment or annexure of this Agreement;
- (h) clause headings and table of contents are for convenience of reference only and are not intended to affect the meaning or interpretation of this Agreement;
- (i) if an expression is defined, other grammatical forms of that expression will have corresponding meanings;
- (j) if an entity ceases to exist, is replaced, reconstituted or renamed, or its powers or functions are transferred to another entity, the reference is to the other entity;
- (k) if the day on or by which any act is to be done is a Saturday, Sunday or public holiday in Queensland, the act may be done on the next Business Day; and
- (l) any term or expression which is defined in the Act, the Regulation, *Nature Conservation (Protected Areas Management) Regulation 2006* (Qld) or the *Environmental Protection Act 1994* (Qld) has the meaning so assigned when used in this Agreement
- (m) any agreement on the part of two or more persons will be deemed to bind them jointly and separately.

2. APPROVED ACTIVITIES

- 2.1 Subject to the terms of this Agreement, the State authorises the Operator to conduct the Approved Activities in the Relevant Area in accordance with the terms of this Agreement.

3. TERM

- 3.1 This Agreement will start on the Commencement Date and, unless terminated earlier in accordance with its terms, expire on the Expiry Date.
- 3.2 The Operator will make application to the State within the Renewal Application Period stated at Item 2 of Schedule A, before the Expiry Date, if it wishes to enter into a new Agreement to conduct the Approved Activities.

4. CONDITIONS

- 4.1 This Agreement is subject to the standard Conservation Conditions in clause 4.2 and the additional Conservation Conditions (if any) detailed in Schedule C.
- 4.2 This Agreement is subject to the following standard Conservation Conditions:

- (a) the Operator must carry a copy of Schedule E "Relevant details of this Agreement", at all times whilst conducting the approved activities. Schedule E must be provided upon request by QPWS staff.
- (b) the Operators' vehicles must display a copy of Part A of Schedule E at all times when conducting approved activities. Part A of Schedule E must be visible from outside the vehicle.
- (c) the number of clients undertaking the Approved Activities must not exceed the capacities specified in Item 4 of Schedule A.
- (d) the Operator must notify the State before commencing the Approved Activities and must commence the Approved Activities within six (6) months after the Commencement Date;
- (e) the Operator must immediately notify the State of a death or serious injury which occurs during the conduct of Approved Activities; and
- (f) the Operator must notify the State of any other accidents or injuries to any officer, employee, licensee, subcontractor, agent, representative, client or customer of the Operator which occurs in relation to the Approved Activities within seven (7) Business Days of the occurrence.

4.3 The Operator must comply with the Conservation Conditions. The Operator acknowledges that if it breaches a Conservation Condition, it will be liable under section 97 of the *Nature Conservation (Protected Areas Management) Regulation 2006* (Qld).

5. ACCREDITATION

- 5.1 If at any time the State recognises industry accreditation programs as a requirement for conducting Commercial Activities, the State will require the Operator to obtain that accreditation as stipulated in Schedule C.
- 5.2 The State will provide written advice to the Operator if accreditation is required to conduct the Approved Activities.
- 5.3 If the Operator fails to comply with the requirements of an advice provided under clause 5.2 within a reasonable amount of time stipulated by the State, the State will be entitled to cancel this Agreement pursuant to clause 14.
- 5.4 Where the Operator has employed a subcontractor in relation to this Agreement, the Operator must ensure that the subcontractor also has the necessary accreditation.
- 5.5 The State may disclose information provided by the Operator in relation to accreditation.

6. COMMERCIAL FEE

- 6.1 The Operator shall pay all Fees associated with the Approved Activities, or make any other in kind contributions, as described in Schedule B.
- 6.2 Fees will be increased in the matter specified in Schedule B.
- 6.3 Fees must be paid upon receipt of an invoice from the State.

7. PAYMENT OF COSTS

- 7.1 The Operator must pay the State the reasonable costs of repairing any damage caused by any means to the Natural Resources, Cultural Resources, facilities or structures in the Relevant Area where such damage, in the reasonable opinion of the Chief Executive, arises out of or in connection with the Approved Activities.
- 7.2 The State will determine the reasonable costs payable and will notify the Operator.
- 7.3 Payment will be required under this clause 7 within twenty (20) days of receiving the written notice in clause 7.2.

8. MONEY OWING

- 8.1 All money at any time payable to the State by the Operator under this Agreement is money owing to the State and is recoverable from the Operator as a debt due and owing to the State.

9. GOODS AND SERVICES TAX (GST)

- 9.1 In this clause "*supply*" and "*tax invoice*" have the same meaning as defined in the GST Law.
- 9.2 Where GST is payable for a supply under this Agreement, the Fee is inclusive of GST and:
- (a) the State is not required to pay the GST Amount in addition to the Fee; and
 - (b) the Operator must remit the GST Amount to the Commissioner for Taxation in accordance with the GST Law.
- 9.3 The State will provide a tax invoice to the Operator upon payment of the Fee.
- 9.4 The Operator warrants:
- (a) it is registered for GST at the Commencement Date and will maintain that registration for the term of this Agreement; and
 - (b) its ABN notified by the Operator to the State is correct.
- 9.5 The Operator must immediately notify the State if it ceases to be registered for GST.

10. SUBCONTRACTING

- 10.1 The Operator must not subcontract any part of the Approved Activities without the State's prior written consent, which may be subject to conditions. The State may withdraw its consent at any time by providing 14 days' written notice to the Operator.
- 10.2 Any consent given by the State for the Operator to subcontract:
- (a) will not operate as an authority to transfer responsibility to the subcontractor; and
 - (b) will not relieve the Operator from any of its liabilities or obligations under this Agreement.
- 10.3 Subject to the Regulation, the Operator will not assign this Agreement or any of the benefits under this Agreement without the State's prior written consent.
- 10.4 Before engaging a subcontractor under this clause, the Operator must enter into an agreement with the subcontractor:
- (a) on substantially the same terms and conditions as this Agreement, to ensure that the subcontractor complies with obligations the same as those imposed on the Operator under this Agreement; and
 - (b) which prohibits further subcontracting.
- 10.5 The Operator is liable for any acts or omissions of a subcontractor which are inconsistent with the terms and conditions of this Agreement.

11. PERMANENT TRANSFER (SALE) OF RIGHTS UNDER THIS AGREEMENT

- 11.1 The Operator may only transfer the rights under this Agreement to another legal entity in accordance with Division 6, Part 3 of the Regulation.

12. REVIEW

- 12.1 The State will review this Agreement, at the end of each review period stated in item 1 of Schedule A to ensure it continues to meet the needs of all Parties.
- 12.2 Additional reviews may be undertaken at the discretion of the Chief Executive.
- 12.3 Any review will be conducted in consultation with the Operator and may take into account:
- (a) the performance of the Operator's obligations under this Agreement, including (but not limited to) the payment of fees.
 - (b) the performance of the Operator of the Approved Activities; and
 - (c) the Operator's compliance with the Regulation.
- 12.4 Subject to the Regulation, the State may in its sole discretion, if it is dissatisfied with a review conducted under this clause 12, require amendment of the Agreement or cancel the Agreement in accordance with clause 14.
- 12.5 The State will give written notice to the Operator of any proposed cancellation or suspension of, or amendments to, the Agreement resulting from a review.

13. AMENDMENT AND VARIATION

- 13.1 The Operator will immediately notify the State in writing of any changes to the Operator's name, business and postal address, or Contact Officer.
- 13.2 This Agreement may only be varied by an agreement in writing executed by both Parties, except as provided in clause 13.4.
- 13.3 It will be sufficient evidence of a variation to this Agreement if the Parties execute and date an amendment schedule as an annexure to this Agreement.
- 13.4 The Operator acknowledges that this Agreement constitutes a statutory approval under the Act, and that despite any other provision of this Agreement, the Chief Executive (on behalf of the State) may immediately amend this Agreement in accordance with sections 90, 91 and 92 of the Regulation and that no compensation is payable to the Operator if this Agreement is so amended.

14. DEFAULT, SUSPENSION AND CANCELLATION

- 14.1 Other than as permitted under the Regulation, the Operator will be in default and the State may immediately suspend or cancel this Agreement by notice in writing if:
- (a) section 91 of the Regulation applies;
 - (b) clause 5.3 applies;
 - (c) clause 23.4 applies;
 - (d) It fails to comply with a provision of this Agreement and that failure is not remedied within twenty (20) days of the State giving written notice to the Operator specifying the nature of the Operator's failure to comply with this Agreement;
 - (e) It is not, or is no longer, a Suitable Person to be a party to this Agreement;
 - (f) It commits an act of bankruptcy or insolvency or is unable to pay its debts when due or admits in writing its inability to pay its debts;
 - (g) It enters into any arrangements or composition with its creditors generally, or has a receiver, receiver and manager or administrator appointed;
 - (h) It goes into liquidation or passes a resolution to go into liquidation (other than for the purposes of reconstruction);
 - (i) fails to obtain a satisfactory review by the State under clause 12.4;
 - (j) it ceases to carry on business; or
 - (k) it fails to accept any amendment requested by the Chief Executive within twenty (20) days.
- 14.2 Termination or cancellation under this clause 14 will not give rise to any claim or action by the Operator for damages or compensation, but will be without prejudice to any right of action or other remedy which the State may have against the Operator in respect of any antecedent breach of or non-performance by the Operator of any of the terms contained in this Agreement.
- 14.3 The Operator acknowledges that this Agreement constitutes a statutory approval under the Act, and that despite any other provision of this Agreement, the State may suspend or cancel the Agreement in accordance with sections 93 and 94 of the Regulation, and that no compensation is payable to the Operator if this Agreement is so cancelled or suspended.

15. COMPLIANCE WITH LAWS

- 15.1 The Operator must, at its own expense during the term of this Agreement comply with and observe all Acts of Parliament, local laws, regulations, by-laws, orders and proclamations made or issued under such Act or Ordinance and with the lawful requirements of public, local or other authorities in any way affecting or applicable to this Agreement.
- 15.2 If at any time the Operator believes that it is in breach of clause 15.1, the Operator will immediately give written notice of the breach to the State.

16. NO WARRANTY

- 16.1 The State does not warrant that the Relevant Area is free from defect or that it is safe or suitable for the Approved Activities. The Operator uses the Relevant Area entirely at its own risk and acknowledges that it has checked the Relevant Area to ensure that it is suitable for the use authorised under this Agreement.

17. INDEMNITY, RELEASE AND DISCHARGE

- 17.1 The Operator indemnifies the State, its officers, employees and agents (collectively 'the Indemnified') against:
- (a) any loss, damage, expense or liability incurred by the Indemnified;
 - (b) loss of, or damage to, property of the Indemnified; and
 - (c) without limiting subclause 17.1(a), loss, damage, expense or liability incurred by the Indemnified (including legal costs and expenses on a solicitor/own client basis and the cost of time spent, resources used and disbursements paid by the Indemnified) as a result of any claim, action, suit, demand or proceeding made or brought by any person against the indemnified, arising in connection with this Agreement, including:
 1. the performance by or on behalf of the Operator;
 2. any negligent or other wrongful act or omission of the Operator, its officers, employees, agents, volunteers, subcontractors, visitors, licensees, invitees or other persons for whose acts or omissions the Operator is vicariously liable;
 3. death of, injury to, loss or damage to (including property loss or damage) any person, including any officer, employee or agent of the State, the Operator and its officers, employees, agents, volunteers, subcontractors, visitors, licensees and invitees; or
 4. any breach of this Agreement by the Operator.

18. INSURANCE

- 18.1 For the term of this Agreement, the Operator must take out and maintain the following insurances:
- (a) a public liability insurance policy for the amount stated at item 2 of Schedule A, or for not less than \$10 million (whichever is the greater), arising from any one event in respect of the death of, or injury to persons, or loss or damage to property; and
 - (b) insurance under the *Workers' Compensation and Rehabilitation Act 2003* to cover workers, eligible persons, self employed contractors, directors, trustees and partners
 - (c) for individuals / sole traders; personal accident insurance, (covering all medical treatment, hospitalisation and medical expenses), income protection insurance, and death and disability insurance, equivalent to the coverage and entitlements provided by WorkCover to employees under the statutory provisions of the *Workers Compensation and Rehabilitation Act 2003* (Qld).
- 18.2 The Operator must ensure that the insurance policies required under this clause 18 are with an Approved Insurer.
- 18.3 The insurances must cover all invitees, employees, contractors, agents, members or clients of the Operator.
- 18.4 Before undertaking any activities in the Protected Area, the Operator must have in place all the insurances required by this clause 18.
- 18.5 In any circumstances where the insurances required under this Agreement are cancelled, altered or expire before the Expiry Date of this Agreement, the Operator must cease all activities in the Protected Area until such time as alternative insurance policies that comply with the requirements of this Agreement have been obtained by the Operator.
- 18.6 From time to time (but no more than once annually) the State may, if the Chief Executive deems appropriate, issue a notice to the Operator increasing the minimum insurance cover required by this clause.
- 18.7 If the State issues a notice under clause 18.6 the Operator must comply with that notice within twenty (20) days.
- 18.8 The Operator must provide copies of certificates of currency for the insurances, or the insurance policy documents when requested by the State for audit or compliance checks.

19. RETURN OF OPERATIONS

- 19.1 Where applicable, the Operator must provide the State, a Return of Operations within twenty (20) Business Days of the end of each Calendar Month or Calendar Quarter as specified in Schedule B and in the format provided in Schedule D.

- 19.2 The Return of Operations must be completed to the satisfaction of the State. If the State, at its sole discretion, deems that the Return of Operations is not satisfactory, the Return of Operations must be returned to the Operator for completion in accordance with any written directions the State may provide.

20. DISPUTE RESOLUTION

- 20.1 The Parties agree to cooperate with each other in the performance of this Agreement and, in the event of a dispute arising, to negotiate in good faith a resolution of the dispute as follows:
- (a) A dispute about this Agreement arises when a Party gives written notice of the dispute to the other Party containing adequate details of the dispute.
 - (b) The Parties agree that any dispute arising must be dealt with by a process of escalation through each Party's respective management hierarchy within fourteen (14) days of the notice of dispute.
 - (c) The Operator must continue to perform its obligations under this Agreement despite the existence of a dispute unless it obtains the State's prior written consent.
 - (d) The Parties must comply with this clause 20.1 before seeking relief in any court or tribunal, except for urgent interlocutory relief.

21. RIGHT TO INFORMATION AND DISCLOSURE

- 21.1 The *Right to Information Act 2009* (Qld) (RTI Act) provides members of the public with a legally enforceable right to access documents held by Queensland Government agencies.
- 21.2 The RTI Act requires that documents must be disclosed on request, unless the documents are exempt or on balance, disclosure is contrary to the public interest.
- 21.3 Information relating to this Agreement is potentially subject to disclosure to third parties.
- 21.4 If disclosure under the RTI Act, and/or general disclosure of information provided by the Contractor in connection with this Agreement, would be of substantial concern to the Contractor, because it would disclose trade secrets, information of commercial value, the purpose or results of research or other information of a confidential nature, this should be indicated by the Contractor. The Principal cannot guarantee that any information provided by the Contractor, will be protected from disclosure under the RTI Act.

22. PRIVACY AND PERSONAL INFORMATION

- 22.1 If the Operator collects or has access to Personal Information in order to undertake the Approved Activities the Operator must:
- (a) comply with Parts 1 and 3 of Chapter 2 of the *Information Privacy Act 2009* (Qld) in relation to the discharge of its obligations under this Agreement, as if the Operator was the State;
 - (b) not use Personal Information other than for the purposes of the performance of the Approved Activities, unless required or authorised by law;
 - (c) not disclose Personal Information without the consent of the State, unless required or authorised by law;
 - (d) not transfer Personal Information outside of Australia without the consent of the State;
 - (e) ensure that access to Personal information is restricted to those of its employees and officers who require access in order to perform their duties;
 - (f) ensure that its officers and employees do not access, use or disclose Personal Information other than in the performance of their duties;
 - (g) ensure that its sub-contractors who have access to Personal Information comply with obligations the same as those imposed on the Operator under this clause 22;
 - (h) fully co-operate with the State to enable the State to respond to applications for access to, or amendment of a document containing an individual's Personal Information and to privacy complaints; and
 - (i) comply with such other privacy and security measures as the State reasonably advises the Operator in writing from time to time.
- 22.2 On request by the State, the Operator must obtain from its employees, officers or subcontractors engaged for the purposes of this Agreement, an executed deed of privacy in a form acceptable to the State.
- 22.3 The Operator must immediately notify the State on becoming aware of any breach of clause 21.1.

23. CONFLICT OF INTEREST

- 23.1 The Operator warrants, to the best of its knowledge, it does not and is not likely to have any conflict of interest in the performance of this Agreement.
- 23.2 The Operator must not, and must take all reasonable measures to ensure its employees, agents and subcontractors do not, engage in any activity or obtain any interest in conflict with carrying out the Approved Activities fairly and independently.
- 23.3 If a conflict or risk of conflict of interest arises under clauses 23.1 or 23.2, the Operator must:
- (a) immediately give notice in writing to the State, which must include full disclosure of all relevant information about the conflict; and
 - (b) take all steps reasonably required by the State to resolve or deal with the conflict.
- 23.4 If the Operator does not notify the State under clause 23.3(a) or is unable or unwilling to resolve or deal with the conflict as required under clause 23.3(b), the State may cancel this Agreement under clause 14.

24. GENERAL

- 24.1 **Commissions and Incentives** – The Operator must not offer anything to the State or any employee or agent of the State, including a parent, spouse, child or associate of the employee or agent, as an inducement, gift or reward, which could in any way influence the State's actions in relation to this Agreement.
- 24.2 **Waiver** - No provision of this Agreement will be deemed waived unless that waiver is in writing signed by the waiving Party. A waiver by a Party of a breach of any provision of this Agreement will not operate as a waiver of any subsequent breach of this Agreement. Any failure by a Party at any time to enforce a clause of this Agreement, or any forbearance, delay or indulgence granted by the State to the Operator will not constitute a waiver of that Party's rights.
- 24.3 **No partnership or joint venture, employment or agency** – The Operator is not by virtue of this Agreement in partnership or joint venture with the State, and must not represent itself or allow itself to be represented as a partner or joint venturer, employee or agent of the State.
- 24.4 **Governing law** - This Agreement is governed by the laws of Queensland and the Parties submit to the jurisdiction of the courts of Queensland.
- 24.5 **Entire agreement** - This Agreement constitutes the entire agreement between the Parties and supersedes all communications, negotiations, arrangements and agreements between the Parties.
- 24.6 **Compliance with laws** – The Operator must comply with all relevant laws when performing the Approved Activities (including the *Workplace Health and Safety Act*).
- 24.7 **Variation** - Subject to clause 13 and the Regulation, no agreement or understanding that varies or amends this Agreement binds either Party unless it is in writing and signed by both Parties.
- 24.8 **Severability** - Any provision in this Agreement, which is invalid or unenforceable, is to be read down if possible, so as to be valid and enforceable, and if that is not possible the provisions must, to the extent that it is capable, be severed to the extent of the invalidity or unenforceability, without affecting the remaining provisions.
- 24.9 **Time of the essence** – Unless otherwise provided for by law, time is of the essence in this Agreement.
- 24.10 **Further assistance** - The Operator must do all things reasonably required by the State to give effect to this Agreement.
- 24.11 **No adverse inference** – No adverse inference may be drawn in the interpretation of this Agreement against the Party who was responsible for its preparation.
- 24.12 **Clauses to survive termination** - The following clauses will survive termination or expiration of this Agreement:
- (a) Clause 9 (Goods and Services Tax (GST));
 - (b) Clause 14 (Default, Suspension and Termination);

- (c) Clause 17 (Indemnity, Release and Discharge)
- (d) Clause 21 (Right to Information and Disclosure);
- (e) Clause 22 (Privacy and Personal Information); and
- (f) Clause 24.4 (Governing law).

24.13 **Costs** - Each Party will bear their own legal costs in relation to the preparation and execution of this Agreement.

24.14 **Notices** - Notices under this Agreement must be in writing and may be delivered by prepaid postage or certified mail, by hand, by e-mail, or by facsimile transmission to the Parties at the address specified in Schedule B or other address subsequently notified by a Party to the other.

- (a) Notices will be deemed to be given:
 - (i) two (2) days after deposit in the mail with postage prepaid; or
 - (ii) immediately upon delivery by hand; or
 - (iii) if sent by e-mail or facsimile transmission, upon completion of transmission.
- (b) The Parties agree that where notice is given by either e-mail or facsimile the original document must be sent by post on the same day as the transmission is sent.

Released by NPSK
RTI Act 2009

SCHEDULE A
TERM AND APPROVED ACTIVITIES

TOUR 1 (GLOW WORM TOURS 6-10PM)

Item 1: OPERATOR	<p>(a) Operator (Legal Entity): The National Tour Company Pty Limited ACN 002 368 247</p> <p>(b) Registered Place of Business: Level 1, 3059 Gold Coast Highway, Surfers Paradise Qld 4217</p> <p>(c) Commercial Activity Agreement Number: CAA2011/036</p>				
Item 2: TERM & REVIEW	<p>(a) Commencement Date: 1 January 2012</p> <p>(b) Expiry Date: 31 December 2026</p> <p>(c) Review Period: a minimum of every five (5) years for the life of the Agreement.</p> <p>(d) Renewal Application Period: Application for renewal of this Agreement should be made at least 3 months prior to the Expiry Date.</p> <p>(e) Annual Capacity Increase: The Chief Executive may grant a temporary increase in the allocated annual capacity for any one year. Application for additional capacity must be made in writing to the Chief Executive at least 20 business days prior to exceeding the allocated annual capacity.</p>				
Item 3: APPROVED ACTIVITIES	<p>(a) Protected Area : Springbrook National Park</p> <p>(b) Section: Natural Bridge</p> <p>(c) The Prescribed Commercial Activity: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park.</p> <p>(d) Approved Activities: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park between 6pm and 10pm.</p>				
Item 4: TOUR ENTITLEMENT	Allocated time of tours	Tour site	Frequency of Tour Visits	Nightly Capacity <i>(refer Item 2 (e) above)</i>	Total Annual Capacity
	sch4p4(7)(1)(c) Bu	Natural Bridge	Once per night	sch4p4(7)(1)(c) Business/commercial/p	

TOUR 2 (GLOW WORM TOURS (5-6 PM))

Item 1: OPERATOR	<p>(a) Operator (Legal Entity): The National Tour Company Pty Limited ACN 002 368 247</p> <p>(b) Registered Place of Business: Level 1, 3059 Gold Coast Highway, Surfers Paradise Qld 4217</p> <p>(c) Commercial Activity Agreement Number: CAA2011/036</p>				
Item 2: TERM & REVIEW	<p>(a) Commencement Date: 1 January 2012</p> <p>(b) Expiry Date: 31 December 2026</p> <p>(c) Review Period: a minimum of every five (5) years for the life of the agreement.</p> <p>(d) Renewal Application Period: Application for renewal of this Agreement should be made at least 3 months prior to the Expiry Date.</p> <p>(e) Annual Capacity Increase: The Chief Executive may grant a temporary increase in the allocated annual capacity for any one year. Application for additional capacity must be made in writing to the Chief Executive at least 20 business days prior to exceeding the allocated annual capacity.</p>				
Item 3: APPROVED ACTIVITIES	<p>(a) Protected Area: Springbrook National Park</p> <p>(b) Section: Natural Bridge</p> <p>(c) The Prescribed Commercial Activity: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park.</p> <p>(d) Approved Activities: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park between 5pm and 6pm.</p>				
Item 4: TOUR ENTITLEMENT	Allocated time of tours sch4p4(7)(1)(c) Bu	Tour site Natural Bridge	Frequency of Tour Visits Once per night	Nightly Capacity <i>(refer Item 2 (e) above)</i> sch4p4(7)(1)(c) Business/commercial/pro	Total Annual Capacity

**SCHEDULE B
FEES AND ADDRESS FOR NOTICES**

<p>Item 1 FEES AND RETURN OF OPERATIONS</p>	<p>Fees payable are the prescribed fees applicable to commercial activities under the <i>Natural Conservation (Administration) Regulations 2006</i>:</p> <p>(a) Daily Fees (GST exclusive): for each client 5 years or older of the holder of the agreement taking part in the activity carried out under the agreement— \$1.64 per person for the first year of the agreement and then as advised annually by the chief executive</p> <p>(b) Camping Fees (GST inclusive): Not applicable</p> <p>(c) Annual Fee (GST inclusive): An annual fee of \$217 for the first year of the agreement and then as advised annually by the chief executive. This fee will be invoiced and payable within 20 business days of the commencement of this agreement and subsequent payments due within 20 business days of the anniversary of this agreement.</p> <p>(d) Amendments: Any minor amendments to the Schedules will incur a fee of \$14.25 for the first year of the agreement and then as advised annually by the chief executive. Any application for a material change to the Schedules will incur a fee of \$271.60 for the first year of the agreement and then as advised annually by the chief executive.</p> <p>(e) Fee increases: All fees are subject to annual increases in accordance with the Consumer Price Index.</p> <p>(f) In Kind Contributions: Not applicable</p> <p>(g) Return of Operations: A Return of Operations (refer Schedule D) must be submitted within 20 business days of the end of each calendar quarter (31 March, 30 June, 30 September and 31 December). A separate return is required for each month. Following receipt of quarterly returns the State will issue an invoice.</p> <p>The Operator must record subcontracting details including capacity and the legal entity subcontracted to and subcontracted from. The Operator will be invoiced for the capacity subcontracted to the authorised subcontractor.</p>
<p>Item 2 ADDRESS FOR NOTICES</p>	<p><u>STATE:</u></p> <p>Director Tourism and Visitor Services Queensland Parks and Wildlife Service GPO Box 2454 Brisbane QLD 4001 Ph: (07) 3330 5238 Fax: (07) 3330 5277</p> <p>Contact person for operational matters / notifications:</p> <p>Southern Permits Team Senior Project Officer Visitor Permits Queensland Parks and Wildlife Service GPO Box 2454 Brisbane Qld 4001 Ph: (07) 3330 5236 spt@derm.qld.gov.au</p> <p><u>OPERATOR:</u></p> <p>The National Tour Company Pty Limited Olympia Court Level 1, 3059 Surfers Paradise Blvd Surfers Paradise Qld 4217 Ph: (07) 5512 6400 Fax: (07) 5512 6415 Email: kazu@jpttours.com</p> <p>Contact person for notices: Mr Kazu Komemoto</p>

SCHEDULE C CONSERVATION CONDITIONS

The Operator acknowledges that a breach of any of the following conservation conditions is an offence against s97 of the *Nature Conservation (Protected Areas Management) Regulation 2006*:

1. Tour participants (including staff) must keep to formed paths within the protected area.
2. Interference with soil on embankments or touching of glow-worms or filaments is prohibited.
3. Noise within the protected area and particularly within Natural Bridge cave is to be kept to a minimum.
4. The use of torches within the Natural Bridge cave should be kept to the minimum required for safety purposes and should be directed at the ground at all times and must not be shone directly on glow-worms or on banks along the tracks at any time. Bright torches such as Dolphin torches, must be turned off in the Natural Bridge cave.
5. The application of insect repellents within the Natural Bridge cave is prohibited.

General Access Conditions:

1. A maximum of two (2) tour groups is permitted on the viewing platform in the Natural Bridge cave at any one time. Tour group size must be no larger than 10 persons, with an exception of increasing up to an extra 2 persons per group, a maximum of twice in any one night. Each group of 10 or part thereof must be accompanied by a supervisor.
2. Torches are to be issued to each client prior to the tour and are to be used whilst on the walking track
3. Tour groups waiting to enter the cave must:
 - One group only on the external top platform
 - No queuing on stairs on the top platform
 - Remaining groups to queue on the lower external platform and back down the track
 - Groups on the lower external platform must not obstruct movement to the cave outlook
4. Tour groups must not obstruct walking tracks in such a way that prevents other groups or visitors (commercial or non-commercial) from passing.
5. Tour groups must remain separate from all other tour groups while walking through the protected area, moving whenever possible in a clockwise direction on the circuit walking track.
6. The Operator is permitted to park buses adjacent to the shelter shed only for the purpose of allowing passengers to disembark after which all buses are to be relocated to the top car park.
7. The serving of light refreshments in the interpretive shelter shed area and immediate vicinity is not permitted. The service of light refreshments is permitted in the top car park only.
8. All participants must remain on formalised walking tracks and behind barriers, fencing and safety railings at all times.
9. Swimming and diving within the protected area is prohibited

Accreditation Requirements:

1. Obtain certified eco-accreditation requirements from a provider approved by the Department of Environment and Resource Management.
2. Maintain this certification for the term of this Agreement.
3. Ensure that any subcontractor engaged under this Agreement obtain and maintain these eco-accreditation requirements.

SCHEDULE D - RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company P/L MONTH
 AGREEMENT NO. CAA2011/036 YEAR
 TOUR NO.

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of passengers carried		0	Comments		
X Passenger fee per person		1.64			
Total Payable		0			

I hereby certify that the numbers listed above are a true and accurate record of clients who were conducted on these tours during the month noted above and that the amount enclosed represents the total amount payable.

Name (print): _____ Signature: _____ Date: _____

Please note:

- A separate return must be completed for each timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page must be signed and dated.

OFFICE USE ONLY

Fees paid
 Receipt No.

Date
 Receipting Officer



SCHEDULE E - RELEVANT DETAILS OF AGREEMENT

PART A. Operator and Term.

- (a) **Operator:** The National Tour Company Pty Limited, ACN: 002 368 247 **Trading as:** The National Tour Company
- (b) **Commercial Activity Agreement no.** CAA2011/036
- (d) **Registered Place of Business:** Olympia Court, Level 1 3059 Surfers Paradise Blvd, Surfers Paradise, Qld 9726
- (d) **Commencement Date:** 1 January 2012
- (e) **Expiry Date:** 31 December 2026
- (f) **Business Contact Numbers:** Ph: 07 5512 6400
- (g) **Contact Person:** Mr Kazu Komemoto, Ph: 07 5512 6400 sch4p4(6) Perso

PART B. Approved Activities.

- (a) **Approved Activities:** Tour 1: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park between sch4p4(7)(1)(c) Bus Tour 2: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park between sch4p4(sch4p4(7)(1)
- (b) **Relevant Area:** Natural Bridge section of Springbrook National Park
- (c) **Additional Details (Sites and Capacities):** sch4p4(7)(1)(c) Business/commercial/professional/financial affairs
sch4p4(7)(1)(c) Business/commercial/professional/financial affairs

PART C. Conservation Conditions.

1. Tour participants (including staff) must keep to formed paths within the protected area.
 2. Interference with soil on embankments or touching of glow-worms or filaments is prohibited.
 3. Noise within the protected area and particularly within Natural Bridge cave is to be kept to a minimum.
 4. The use of torches within the Natural Bridge cave should be kept to the minimum required for safety purposes and should be directed at the ground at all times and must not be shone directly on glow-worms or on banks along the tracks at any time. Bright torches such as Dolphin torches, must be turned off in the Natural Bridge cave.
 5. The application of insect repellents within the Natural Bridge cave is prohibited.
- General Access Conditions:**
1. A maximum of two (2) tour groups is permitted on the viewing platform in the Natural Bridge cave at any one time. Tour group size must be no larger than 10 persons, with an exception of increasing up to an extra 2 persons per group, a maximum of twice in any one night. Each group of 10 or part thereof must be accompanied by a supervisor.
 2. Torches are to be issued to each client prior to the tour and are to be used whilst on the walking track
 3. Tour groups waiting to enter the cave must:
 - One group only on the external top platform
 - No queuing on stairs on the top platform
 - Remaining groups to queue on the lower external platform and back down the track
 - Groups on the lower external platform must not obstruct movement to the cave outlook
 4. Tour groups must not obstruct walking tracks in such a way that prevents other groups or visitors (commercial or non-commercial) from passing.
 5. Tour groups must remain separate from all other tour groups while walking through the protected area, moving whenever possible in a clockwise direction on the circuit walking track.
 6. The Operator is permitted to park buses adjacent to the shelter shed only for the purpose of allowing passengers to disembark after which all buses are to be relocated to the top car park.
 7. The serving of light refreshments in the interpretive shelter shed area and immediate vicinity is not permitted. The service of light refreshments is permitted in the top car park only.
 8. All participants must remain on formalised walking tracks and behind barriers, fencing and safety railings at all times.
 9. Swimming and diving within the protected area is prohibited
- Accreditation Requirements**
1. Obtain certified eco-accreditation requirements from a provider approved by the Department of Environment and Resource Management.
 2. Maintain this certification for the term of this Agreement.
 3. Ensure that any subcontractor engaged under this Agreement obtain and maintain these eco-accreditation requirements.

Vehicle Identification Requirements; The Operators vehicles must display a copy of part A of Schedule E at all times when conducting approved activities. Part A of Schedule E must be visible, and legible, from outside the vehicle.

Note: The Operator, and its approved Subcontractors, must carry a copy of Schedule E (Relevant details of this Agreement) at all times when undertaking the Approved Activities, on QPWS managed areas. This Schedule E must be produced on demand to an authorised QPWS Officer.

EXECUTED AS AN AGREEMENT

SIGNED

for and on behalf of the **STATE OF QUEENSLAND** as
represented by the **Department of Environment and
Resource Management**

this 15th day of December 2011

by Anne Greentree
(full name)

the Director, Tourism and Visitor Services,
Conservation, Strategy and Planning,
Queensland Parks and Wildlife Service

who is a duly authorised officer in the presence of:

DIANNE MACLEAN
(full print name of witness)

sch4p4(6) Personal in

(signature)

sch4p4(6) Personal information

(signature of witness)

If the Operator is an individual:

SIGNED by

(full name of individual)
this day of 2011

(signature)

in the presence of:

(full name of witness)

(signature of witness)

If the Operator is a company:

SIGNED for and on behalf of

National Tour Company Pty Ltd
ACN 002 368 247

in accordance with s. 127 of the *Corporations Act
2001 (Cth)*

this 10th day of NOVEMBER 2011

by KAZUYASU KOMEMOTO
(full name of director or sole director)

sch4p4(6) Personal information

(signature)

by
(full name of director or secretary)

(signature)

Notes for companies signing Deeds:

- Seal is not required – but may be used.
- Sole director companies simply insert name and sign as **sole director** (striking out director). Other companies sign by **two directors** or by a **director and secretary**, striking out the inapplicable title. Where an **attorney or other agent** executes this Deed on behalf of a company, the form of execution must indicate the source of this authority and a certified copy of the authority must be provided to DERM. witness is not required in any case, except for an attorney or other agent where the source of authority requires a witness. al execution clauses see the Execution Document on DERM's intranet



Commercial Activity Agreement Amendment Schedule Deed

Nature Conservation (Administration) Regulation 2006

Between **State of Queensland** acting through the **Department of National Parks,
Recreation, Sport and Racing ABN 11 322 391 452**

 (State)

 The National Tour Company Pty Ltd t/a JPT Tours

 (Operator)

Operative provisions

1. The parties entered into Commercial Activity Agreement No. CAA2011/036 on 1 January 2012 (**Original Commercial Activity Agreement**). Pursuant to clause 13.2 of the Original Commercial Activity Agreement, the parties wish to record their agreement as to the variation of the Original Commercial Activity Agreement in this deed.
2. This deed is governed by and will be construed according to the law applying in Queensland. Each party irrevocably:
 - a. submits to the non-exclusive jurisdiction of the courts of Queensland, and the courts competent to determine appeals from those courts, with respect to any proceedings that may be brought at any time relating to this deed; and
 - b. waives any objection it may now or in the future have to the venue of any proceedings, and any claim it may now or in the future have that any proceedings have been brought in an inconvenient forum, if that venue falls within clause 2.a.
3. The amendments specified in this deed take effect from the date of execution of this Amendment Schedule Deed. In all other respects the Original Commercial Activity Agreement remains unaltered.



Commercial Activity Agreement Amendment Schedule Deed

4. Schedule A – Agreement Details

Schedule A is amended by inclusion of Tour 3 (Glow Worm Tours sch4p4(7) as per table below:

Item 1: OPERATOR	<p>(a) Operator (Legal Entity): The National Tour Company Pty Ltd t/a JPT Tours ACN 002 368 247</p> <p>(b) Registered Place of Business: Unit 18, 2 Elkhorn Avenue, Surfers Paradise Qld 4217</p> <p>(c) Commercial Activity Agreement Number: CAA2011/036</p>				
Item 2: TERM & REVIEW	<p>(a) Commencement Date: 1 October 2013</p> <p>(b) Expiry Date: 31 December 2026</p> <p>(c) Review Period: A minimum of every five (5) years for the life of the agreement.</p> <p>(d) Renewal Application Period: Application for renewal of this Agreement should be made at least 3 months prior to the Expiry Date.</p> <p>(e) Annual Capacity Increase: The Chief Executive may grant a temporary increase in the allocated annual capacity for any one year. Application for additional capacity must be made in writing to the Chief Executive at least 20 business days prior to exceeding the allocated annual capacity.</p>				
Item 3: APPROVED ACTIVITIES	<p>(a) Protected Area: Springbrook National Park</p> <p>(b) Section: Natural Bridge</p> <p>(c) The Prescribed Commercial Activity: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park.</p> <p>(d) Approved Activities: Guided night time glow worm tours to the Natural Bridge section of Springbrook National Park between sch4p sch4p4(7)(1)</p>				
Item 4: TOUR ENTITLEMENT	Allocated time of tours sch4p4(7)(1)(c) B	Tour site Natural Bridge	Frequency of Tour Visits Once per night	Nightly Capacity <i>(refer Item 2 (e) above)</i> sch4p4(7)(1)(c) Business/commercial/	Total Annual Capacity



**Commercial Activity Agreement
Amendment Schedule Deed**

Signing Page

Executed as a deed

Signed for and on behalf of the **State of Queensland**
acting through the **Department of National Parks,
Recreation, Sport and Racing ABN 11 322 391 452**

Date 1/10/13 by

Michael Siebahr

A/ Director, Commercial & Visitor Services, NPRSR

a person duly authorised to act in that behalf in the
presence of:

sch4p4(6) Personal information

Signature of Witness

Dusty McLeay

Name of Witness in full

sch4p4(6) Personal information

Signature

Signed for and on behalf of

The National Tour Company Pty Ltd ACN 002 368 247

in accordance with s127 of the *Corporations Act 2001 (Cth)*

Date 25/9/13 by

Kazuyasu Komemoto

Full name of sole director / director

sch4p4(6) Personal information

Signature

Full name of director / secretary

Signature

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company JAN 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger Total	sch4p4(7)(1)(c)	Comments			

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH JAN
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 1/01/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **JAN**
AGREEMENT NO. CAA2011/036 **2016**
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 1/01/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receipting Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company MONTH JAN
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Feb
 AGREEMENT NO. CAA2011/036 2016
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger					
Total					
		Comments			

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 1/03/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Feb
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 1/03/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Feb
AGREEMENT NO. CAA2011/036
TOUR NO. Tour3 2016

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 1/03/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company MONTH Feb
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Busines				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 1/03/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receipting Officer



Please email return form to: southernpermitteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

MAR 2016

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8		sch4p4(7)(1)(c) Business	sch4p4(7)(1)(c)		
9					
10					
11					
12					
13					
14					
15		TGC	sch4p4(7)(1)(c)		
16					
17		sch4p4(7)(1)(c) Business	sch4p4(7)(1)(c)		
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger		Comments			
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 12/04/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH MAR
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 12/04/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receipting Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** Mar
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign: 永井美紀 Date 12/04/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Apr 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger					
Total					
		Comments			

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Apr
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **Apr**
AGREEMENT NO. CAA2011/036 **2016**
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 1/01/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company MONTH Apr
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company May 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger					
Total					
		Comments			

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 21/06/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH May
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 21/06/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **May**
AGREEMENT NO. CAA2011/036 2016
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 21/06/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company MONTH May
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 21/06/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company June 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger		Comments			
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 17/08/2016

Please note:

- A separate return must be completed for each tour/timeslot
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Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH June
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	Number of X Passenger				
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 17/08/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company
AGREEMENT NO. CAA2011/036
TOUR NO. Tour3

June 2016

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 17/08/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** June
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signe 永井美紀 Date 17/08/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company July 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger Total	Comments				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 17/08/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH July
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	Number of X Passenger				
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 17/08/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company July 2016
AGREEMENT NO. CAA2011/036
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 17/08/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** JULY
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signe 永井美紀 Date 17/08/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1
 Sep 2016

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger					
Total					
		Comments			

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date: 4/10/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Sep
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 4/10/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Sep 2016
AGREEMENT NO. CAA2011/036
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Bus				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 4/10/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company MONTH Sep
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 4/10/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Aug

2016

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger					
Total					
		Comments			

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 6/10/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Aug
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 4/10/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Aug
AGREEMENT NO. CAA2011/036
TOUR NO. Tour3 2016

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Bus				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 4/10/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** Aug
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	Sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signe 永井美紀 Date 4/10/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company OCT
 AGREEMENT NO. CAA2011/036 2016
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger	Comments				
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 9/11/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH OCT
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 9/11/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **OCT**
AGREEMENT NO. CAA2011/036 2016
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Bus				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 9/11/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** OCT
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signe 永井美紀 Date 9/11/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company NOV 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total		Comments			
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 9/12/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



Please email return form to: southernpermitsteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH NOV
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X Passenger	\$1.92				
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 9/12/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **NOV**
AGREEMENT NO. CAA2011/036 2016
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 9/12/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receipting Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** NOV
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign: 永井美紀 Date 9/12/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitsteam@nprsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company DEC 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5			5		
6			4		
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total		Comments			
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 9/01/2017

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH DEC
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.92				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 9/01/2017

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **DEC**
AGREEMENT NO. CAA2011/036 2016
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 9/01/2017

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receipting Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company **MONTH** DEC
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign: 永井美紀 Date 9/01/2017

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



Please email return form to: southernpermitteam@npsr.qld.gov.au

RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Feb
 AGREEMENT NO. CAA2011/036 2016
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger	Comments				
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 1/03/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Feb
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 1/03/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY

Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company
AGREEMENT NO. CAA2011/036
TOUR NO. Tour3

Feb 2016

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 1/03/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** Feb
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign: 永井美紀 Date 1/03/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company JAN 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger	Comments				
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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Fees paid Date
 Receipt No. Receiving Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH JAN
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X	\$1.86				
Passenger					
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 1/01/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **JAN**
AGREEMENT NO. CAA2011/036 **2016**
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Bus				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 1/01/2016

- Please note:
- A separate return must be completed for each tour/timeslot
 - Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** JAN
AGREEMENT NO. CAA2011/036 **YEAR** 2016
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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 Receipt No. Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Apr 2016
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total		Comments			
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 23/05/2017

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Apr
 AGREEMENT NO. CAA2011/036 YEAR 2016
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X Passenger	\$1.92				
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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Fees paid Date
 Receipt No. Receiving Officer



RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **Apr**
AGREEMENT NO. CAA2011/036 2016
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 1/01/2016

- Please note:
- A separate return must be completed for each tour/timeslot
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Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS

SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION

OPERATOR National Tour Company MONTH MAR
 AGREEMENT NO. CAA2011/036 YEAR 2017
 TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Sign 永井美紀 Date 1/01/2016

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

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Fees paid	Date
Receipt No.	Receipting Officer



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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company Apr 2017
 AGREEMENT NO. CAA2011/036
 TOUR NO. Tour1

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Number of X Passenger Total	Comments				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: 永井美紀 Date: 4/05/2017

- Please note:
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Fees paid Date
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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company MONTH Apr
 AGREEMENT NO. CAA2011/036 YEAR 2017
 TOUR NO. Tour2

Date	Number of passengers	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	0				
Number of					
X Passenger	\$1.92				
Total	\$0.00				

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signature: _____ 永井美紀 Date 4/05/2017

- Please note:
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RETURN OF OPERATIONS **SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **Apr**
AGREEMENT NO. CAA2011/036 2017
TOUR NO. Tour3

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
	sch4p4(7)(1)(c) Busi				
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Si 永井美紀 4/05/2017

Please note:

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Fees paid	Date
Receipt No.	Receiving Officer



RETURN OF OPERATIONS**SPRINGBROOK NATIONAL PARK - NATURAL BRIDGE SECTION**

OPERATOR National Tour Company **MONTH** APR
AGREEMENT NO. CAA2011/036 **YEAR** 2017
TOUR NO. Tour4

Date	Number of passengers taken	subcontracting from (company name)	Number	subcontracting to (company name)	Number
1	sch4p4(7)(1)(c) Business				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
Number of					
X					
Passenger					
Total					

I hereby certify that the numbers listed above are a true and accurate record of clients taken for the month.

Name (print): Miki Nagai Signe 永井美紀 Date 4/05/2017

Please note:

- A separate return must be completed for each tour/timeslot
- Operators may use more than one line for each day (eg if more than one subcontractor is used) and more than one page per monthly return if necessary. Each page of the return must be signed and dated.

OFFICE USE ONLY	
Fees paid	Date
Receipt No.	Receipting Officer



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