

DEPARTMENT OF ENVIRONMENT REGULATION

2 3 JAN 2017

Corporate Information Section

## **Annual Audit Compliance Report form**

Environmental Protection Act 1986, Part V

Section A – Licence Details				
Licence number:	L7475/2000/9	Licence file number:	DEC 1481	
Company name:	Bartter Enterprises Pty Ltd			
Trading as:	Bartter Enterprises Pty Ltd			
ACN:	000451374			
Registered Address:	642 GREAT WESTERN HWY GIRRAWHEEN NEW SOUTH WALES 2145			
Reporting period:	01 / 01 / 2016	to 31 / 12 / 2016	XI	

Section B – Statement of Compliance with Licence Conditions
Did you comply with all of your licence conditions during the reporting period? (please tick the appropriate box)
X Yes – please sign the declaration in <b>Section C</b>
☐ No – please sign the declaration in <b>Section C</b> and proceed to <b>Section D</b>

Section C – Declaration					
I/We declare that the information in this Annual Audit Compliance Report is true and correct and is not false or misleading in a material particular <sup>1</sup> . I/We consent to the Annual Audit Compliance Report being published on the Department of Environment Regulation's (DER) website.					
Signature:		Signature:	,		
Name: (printed)	Simon Camilleri	Name: (printed)	George Tsekouras		
Position:	Managing Director	Position:	Director		
Seal (if signing under seal):					

AACRs can only be signed by the licensee or an authorised person with the legal authority to sign on behalf of the licensee.

<sup>&</sup>lt;sup>1</sup> It is an offence under section 112 of the *Environmental Protection Act 1986* for a person to give information on this form that to their knowledge is false or misleading in a material particular.

## Department of Environment Regulation

Section D – Details of Non-Compliance w	vith Licence Condition			
Please use a separate page for each condition with which the licensee was non-compliant at a time during the reporting period.				
Condition no:	Date(s) of non- compliance:			
Details of non-compliance:				
What was the actual (or suspected) environmer	ntal impact of the non-compliance?			
NOTE – please attach maps or diagrams to provide insight into the precise location of where the non-compliance took place.				
Cause (or suspected cause) of non-compliance				
Action taken to mitigate any adverse effects of non-compliance and prevent recurrence of the non-compliance:				
	*			
Was this non-compliance previously reported to DER?				
Yes, and				
Reported to DER verbally	Date: / /			
☐ Reported to DER in writing	Date: / /			