

For help completing this form email [compliance@actleave.act.gov.au](mailto:compliance@actleave.act.gov.au)

**Privacy** – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form you must read the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

## Infringement notice details

Infringement  
notice no.

Amount payable  
on notice

\$

Refer to the **Infringement  
Notice** received for this  
information.

## Employer details

Registration  
number

ABN / ACN

Business  
name

Contact  
person's name

Email

Contact phone  
number

## Application details

What is your application for? (Tick **one** only)

- Application for extension of time to pay infringement notice
- Application for withdrawal of infringement notice.
- Request extension of time to dispute liability
- Application to dispute liability

Which quarter return is this  
application for?

Are your quarterly returns up to date?

No  Yes

Have you paid all your levies?

No  Yes

Have you paid your late lodgement penalty?

No  Yes

Reason(s) for your application

## Declaration

**I declare that:**

- the information provided on this form is true and correct in every detail.
- I will notify ACT Leave in writing and provide full details if there is a change.

**I acknowledge that:**

- I have read and agree to the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>
- ACT Leave may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.

Employer's  
signature

Date

## Returning this form

**Return this form and all supporting documents:**

- by email to: [compliance@actleave.act.gov.au](mailto:compliance@actleave.act.gov.au), or
- by post to: ACT Leave PO Box 264 Jamison Centre ACT 2614