



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Application for District Permanent Water Right Transfer

Please type or print legibly in dark ink. If your application is incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "N/A" to indicate "Not Applicable." As you complete this form, please refer to notes and guidance included on the application. A summary of review criteria and procedures that are generally applicable to the application is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml#app_criteria_review.

Change in Place of Use Only

1. APPLICANT INFORMATION

District: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail address: _____

2. PROPOSED CHANGE(S) TO WATER RIGHT(S)

- List **all** water rights to be affected by this transfer. Indicate the certificate, permit, decree or other identifying number(s) in the table below: *(Attach additional pages as necessary.)*

	Certificate	Permit / Previous Transfer	Decree
1.		-	
2.		-	
3.		-	
4.		-	
5.		-	
6.		-	

3. ATTACHMENTS

*Check each of the following attachments included with this application.
The application will be returned if all required attachments are not included.*

<p>Supplemental Form A – Description of Proposed Change(s) to a Water Right</p> <p><input type="checkbox"/> A separate Supplemental Form A is enclosed for each water right to be affected by this transfer.</p> <p>Map</p> <p><input type="checkbox"/> Permanent Transfer A map meeting the requirements of OAR 690-385-3300 must be included but need not be prepared by a Certified Water Right Examiner (CWRE).</p>	<p>Fees:</p> <p><input type="checkbox"/> Amount enclosed: \$ _____ See the Department’s Fee Schedule at www.wrd.state.or.us or call (503) 986-0900.</p>
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4. SIGNATURES

The district certifies the following:

- (1) The water rights proposed for transfer are water rights subject to transfer and are not subject to forfeiture for nonuse under ORS 540.610;
- (2) Each user affected by the proposed transfer has provided written authorization for the transfer and such authorization is on file with the district; and
- (3) On behalf of the district, I affirm to the best of my knowledge the information contained in this application is true and accurate.

District Manager signature	name (print)	date
OR		
Authorized District Representative signature	name (print)	date

Before submitting your application to the Department, be sure you have:

- Answered each question completely.
- Included all the required attachments.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount.