If you are unsure of any information, or it is not applicable, please leave blank.

**A. Applicant information**

Name (company/individual) ACN / ABN (if applicable)

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|       |  |       |

Vessel name Unique Identifier (UVI)

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|       |  |       |

Service category Vessel length Vessel power (kW)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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**B. Provision of information**

Minimum crewing and appropriate crewing are referred to in Marine Order 504 (Certificates of operation and operation requirements – national law) 2018, Schedule 1, 6.

1. Please specify the proposed temporary crew arrangement and a summary of the intended operation.

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1. Please specify the appropriate crewing determined for your vessel as per your Safety Management System (SMS)

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|       |

1. Please outline why you are unable to comply with the minimum crewing requirements.

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1. Please provide a summary on how your vessel can be operated safely under this permit (attach your detailed risk assessment to support this application).

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1. How long is the temporary crewing permit required (Note: Maximum period is 90 days)?

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**C. Applicant’s declaration and consent**

**I declare that:**

* To the best of my knowledge the information provided by me in this application (and any attachments I have included with this application) is true and correct.
* I consent to the Australian Maritime Safety Authority, as the National Regulator, making all reasonable enquiries in order to verify that the information provided by me in this application (and any attachments I have included with this application) is true and correct.
* I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask that I provide any information or document that the National Regulator reasonably considers necessary for consideration of this application.
* I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask another person to provide any information, document or agreement that the National Regulator reasonably considers necessary for consideration of this application.

Signature Name Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |

**Where to lodge:** dcvapplications@amsa.gov.au

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| **Privacy Statement**The collection of information requested in this form is required or authorised by *Schedule 1* of the *Marine Safety (Domestic Commercial Vessel) National Law Act 2012* (the Act). It will be used for purposes related to the Act and may be provided to Commonwealth or State / Territory government agencies for the purposes of marine safety. Failure to provide the information may result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information, how to make a privacy complaint, or how your information may be used or disclosed for purposes beyond those described in this statement, visit www.amsa.gov.au/privacy/ |