



Australian Government

Australian Maritime Safety Authority

APPLICATION FOR TEMPORARY SERVICE

Marine Safety (Domestic Commercial Vessel) National Law Act 2012
EX08 - Marine Safety (Temporary service) Exemption 2020

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

A. Applicant details

Title (Mr, Mrs, Ms, Dr)	Surname	Given names		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone - primary	Phone - other	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street number and name	Town / suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Delivery address <input type="checkbox"/> Same as street address	Town / suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

B. Vessel details

Vessel name	Certificate of Survey and/or Certificate of operation number
<input type="text"/>	<input type="text"/>
Vessel length	Vessel propulsion (inboard/outboard/number of engines/propulsion power)
<input type="text"/>	<input type="text"/>
Type of operation	
<input type="text"/>	

C. Provision of information

- Certificate of competency that would be required to perform the particular duties or functions.
- What is the specified operation or period of time this application is for?
- Explain how (and provide supporting evidence) you are competent to perform the prescribed duties or functions in relation to the vessel for the specified operation or the period of time to which this application for approval applies?
- What certificate of competency (if any) do you currently hold? (attach a copy)

D. 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 have checked that all the required supporting documents are attached to this application form.
- I understand and acknowledge that a person is guilty of an offence under section 137.1 of the *Criminal Code Act 1995* if the person gives false or misleading information, or omits anything without which the information is misleading, to a Commonwealth entity, to a person who is exercising powers or performing functions under a law of the Commonwealth, or in compliance or purported compliance with a law of the Commonwealth.
- I consent to the Australian Maritime Safety Authority 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 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 may ask another person to provide any information, document or agreement that is considered reasonably necessary for consideration of this application.

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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/about-us/who-we-are/privacy.

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E. Action by National Regulator

- 1. Has the applicant signed the declaration? Yes No
- 2. Is the person competent to perform the prescribed duties or functions in relation to the vessel? Yes No
- 3. Is the approval granted? Yes No

If 'Yes', complete Approval Section E

If 'No', provide reasons

F. Approval

I hereby issue this temporary permit under *Marine Safety (Temporary service) Exemption 2020* to the applicant to perform the duties for the voyage or period of time specified below subject to the conditions (if any) below.

Applicant name

Vessel name

Unique identifier

Specified duties

Conditions imposed

Effective from

Effective to (maximum of 30 days)

Delegate of the National Regulator

Signature

Date