



# APPLICATION FOR OPERATOR VEHICULAR FERRY-IN-CHAINS EXEMPTION

Marine Safety (Domestic Commercial Vessel) National Law Act 2012  
EX21 - Marine Safety (Operator vehicular ferry-in-chains) Exemption 2020

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

Please note that a person is exempt from the requirement to hold a certificate of competency that would be required for the operation, as master, of a vehicular ferry-in-chains attached to the shore by cable.

## A. Applicant details

Name (company/individual)

ACN / ABN (if applicable)

Vessel name

Unique Identifier

Certificate of Survey

Certificate of Operation

## B. Provision of information

1. What recreational marine licence do you hold? (Please attach a copy of each licence)

2. Do you hold a certificate that meets the requirements of the HLTF A unit of competency *apply first aid* or another equivalent certificate? (Please attach a copy)

Yes  No

3. Please provide evidence of having accrued at least 20 days on the job training (attach if necessary)

## 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:** Email to [DCVApplications@amsa.gov.au](mailto:DCVApplications@amsa.gov.au) or post to Australian Maritime Safety Authority, Attention: Operations, GPO Box 2181, Canberra City, ACT, 2601, Australia.

### 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/](http://www.amsa.gov.au/privacy/)

**OFFICE USE ONLY**

**D. Action by National Regulator**

- 1. Has the applicant signed the declaration?  Yes  No
- 2. Does the applicant hold at least a recreational boating licence recognised by a State or Territory Marine Safety Agency?  Yes  No
- 3. Does the applicant hold a certificate that meets the requirements of the HLTF A unit of Competency apply first aid or another certificate that the National Regulator considers to be equivalent?  Yes  No  
If 'Yes', has it been provided?  Yes  No
- 4. Has the applicant provided evidence of having accrued at least 20 days on the job training?  Yes  No
- 5. Will the approval be granted?  Yes  No  
If 'Yes', complete Approval Section E  
If 'No', provide reasons below

**E. Approval**

I hereby grant approval under the *Marine Safety (Operator vehicular ferry-in-chains) Exemption 2020* to the applicant listed below to carry out the operation, as master, of a vehicular ferry-in-chains attached to the shore by cable without a certificate of competency, subject to conditions of the exemption (if any) and the conditions below.

Applicant name	Vessel name	Unique identifier
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

Conditions imposed

Effective from	Effective to
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

Delegate of the National Regulator	Signature	Date
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>