



APPLICATION FOR BAREBOATS

Marine Safety (Domestic Commercial Vessel) National Law Act 2012
EX22 - Marine Safety (Bareboats) Exemption 2013

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

A. Applicant details

Title (Mr, Mrs, Ms, etc)	Surname	Given name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street name and number		Town / suburb	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address <input type="checkbox"/> Same as street address	Town / suburb		State	Postcode
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone	Mobile	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Certificate of operation	Certificate of competency			
<input type="text"/>	<input type="text"/>			

B. Provision of information

1. Do you hold a Coxswain Grade 1 Near Coastal Certificate of Competency? (please attach a copy) Yes No

2. Please describe the details of the bareboat operation.

3. Please describe the bareboat operational area.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Where to lodge: This form can be emailed to DCVApplications@amsa.gov.au, or posted to: Australian Maritime Safety Authority, Attention: Operations, GPO Box 2181, Canberra 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/

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D. Action by National Regulator

- 1. Has the applicant signed the declaration? Yes No
- 2. Has the applicant provided a copy of their Coxswain Grade 1 Near Coastal Certificate of Competency? Yes No
- 3. 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 (Bareboats) Exemption 2013* to the applicant listed below to carry out the bareboat operation without a Certificate of Competency that would be required, subject to conditions of the exemption (if any) and the conditions below.

Applicant name

Conditions imposed

Effective from

Effective to

Delegate of the National Regulator

Signature

Date