

Notice of Registration *Trans-Tasman Mutual Recognition Act 1997*(TTMRA) for Seafarers

This notice should be completed by a person who holds a Certificate of Competency, or any other authorisation required by or under a law of New Zealand for the carrying out of a seafarer occupation, and wishes to carry on an equivalent occupation in Australia.

For further information, please contact amsaconnect@amsa.gov.au

Γitle (Mr/Mrs/Ms/Dr)	Family name*		Given names		
Your family name will app	ear after your given names	on your certificate			
Date of birth	Place of birth (town,	state, country)	untry) Nationality		
Residential address					
Street number and na	Street number and name		State	Postcode	
Postal address (if diffe					
Street number and name		Town/suburb	State	Postcode	
Contact numbers		1	1	1	
Home phone Business phone		8.4 1	E		
	·	Mobile Signature (to appear on the	Email		
B. Applicant's pure include two (2) reconstructed photograms.	photograph and seent photographs of you	Signature (to appear on thurself, taken within the previous Specimen signature is requiredigital imaging into your AMS certificate. Please use a BLACK pen are your signature fits inside the	ne certificate) 6 months. Attach one belo	w and include a 2 nd	

Notes

Photographs

Two (2) colour, passport-style photographs of yourself taken within the last six (6) months are required. The photographs must be:

- A full front view of your head and shoulders without any head covering or tinted glasses. If you wear a head covering for religious reasons, photographs that show your facial features will be accepted. If you normally wear prescription glasses, you should be wearing glasses with untinted lenses in the photograph.
- · The photographs must have a plain light coloured background.

Poor quality photographs will not be accepted. The photograph reproduced on your certificate may appear slightly different from that supplied.

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C. Proof of IdentityProvide proof of identification from one of the options below:

Op	tion 1	Your current New Zealand passport						
Op	tion 2 <u>EITHER</u>	AND One of:						
your full New Zealand birth certificate OR your New Zealand Citizenship certificate		Your current drivers licence						
		A photographic identification document issued by an Australian, State or Territory or New Zealand government agency						
		Your current Australian Medicare card; and						
		a current account card from a bank that shows your signature						
	D. Individual status You must answer the following questions before the National Regulator considers this notice. Tick either YES or NO for each							
item. If the answer to any of the following questions is YES, please provide further details in the space provided (continue on a separate page if necessary and attach).								
1	1 Are you subject to any disciplinary proceedings in Australia or New Zealand, including any preliminary investigations or action that might lead to disciplinary proceedings, in relation to your occupation as a seafarer?							
2	2 Is your registration (that is, your entitlement to carry out a seafarer occupation) cancelled or currently suspended as a result of disciplinary action in Australia or New Zealand?							
3 Are you otherwise personally prohibited from carrying on the occupation of a seafarer anywhere in Australia or New Zealand, and are you subject to any special conditions in carrying on the occupation of a seafarer, as a result of criminal, civil or disciplinary proceedings in any State or Territory?;								
4	4 Are you subject to any special conditions in carrying on the seafarer occupation in Australia or New Zealand?							

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E. Licences, Tickets or Certificates of Competency held

Individuals must provide either the original or a copy of their current New Zealand and any Australian seafarer Certificate(s) of Competency held. If the original or a copy cannot be provided you must provide sufficient information to identify yourself and your registration in an equivalent occupation.

Certificate	Class/Grade	Issue Date	Expiry	Conditions, Endorsements or Restrictions					
Number			Date						
Diagon of lan		In a color or A cott							
Place of Issue		Issuing Auth	nority						
Certificate	Class/Grade	Issue Date	Expiry	Conditions, Endorsements or Restrictions					
Number			Date						
Place of Iss	ue	Issuing Auth	Issuing Authority						
Certificate	Class/Grade	Issue Date	Expiry	Conditions, Endorsements or Restrictions					
Number			Date	,					
Place of Iss	ue	Issuing Auth	nority						
F Checkli	ist of forms/do	cuments at	tached						
				ng your existing seafarer registration (that is, your entitlement to					
			i aocument y	you must provide sufficient information to identify yourself and your					
	gistration in an equivalent occupation.								
_	` ' '								
	Evidence of New Zealand permanent residency or citizenship								
Certified	Certified copy of Proof of Identity								
☐ Certified	Certified copy of AMSA Medical (STCW qualifications) https://www.amsa.gov.au/qualifications-training/international-								
	tions/medical-fitness-								
☐ Current	ohotograph								
—									
G. Applica	ant's declaration	on and cons	sent						
I certify that	at the attached docur	nent which evide	ences my exi	isting registration (that is, your entitlement to carry on a seafarer					
-	n) is the original or a		-	· · · · · · · · · · · · · · · · · ·					
I am regist	tered for the occupati	on as per my Ne	ew Zealand o	qualification and I seek registration as in accordance with the Trans-					
Tasman m	utual recognition prir	nciple.							
• I consent t	o the Australian Mari	time Safety Auth	nority, as the	National Regulator, making enquiries of, and exchanging					
information with, the New Zealand authorities regarding my activities in the relevant occupation or occupations or otherwise									
regarding matters relevant to this notice.									
• 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 is misleading to a Commonwealth entity; a person								
	•	•		w of the Commonwealth, or the information is given in compliance or					
purported	compliance with a la	w of the Commo	nwealth.						
Cian atura	of individual			Data					
Signature	of individual			Date 					
<u> </u>									
	Privacy Statement								

The purpose of collecting this information is to allow the National Regulator to make a decision about your notice in accordance with the *Trans-Tasman Mutual Recognition Act 1997*. This information may be passed to Commonwealth, State/Territory or New Zealand government agencies for this purpose.

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Send your application to us along with copies of all supporting documents and your photograph to SCSApplications@amsa.gov.au

Payment of fees

The fees required for the application is the Certificate fee - \$190 each.

When we receive your email, we will let you know how to pay the fee for your application via the AMSA online portal.

Note: Your application will be assessed by AMSA once we have all of the required documents and confirmed payment.

What happens next?

You are entitled to carry on the equivalent seafarer occupation following lodgement of your notice, and pending the granting or refusal of registration. AMSA has one month from receiving a complete application in which to grant, postpone or refuse registration. Holders of a domestic qualification will receive a letter of registration issued by email and holders of an STCW qualification will receive a Certificate of Recognition.

Further information

For further information, please contact amsaconnect@amsa.gov.au

Lodgement of documentation to support your application

If the form is completed incorrectly it may be returned to you for correction, resulting in a delay in processing.

How to obtain certified copies

A certified copy is a copy of an original document (not a copy of a copy) that has been certified as a true and correct copy by a person who is authorised to witness a statutory declaration (see list below).

Certified copies can be obtained by presenting the original document together with a photocopy of that document to an authorised person for them to sight and certify.

Persons who are authorised to witness statutory declarations (under the Commonwealth Statutory Declarations Act 1959) include:

- Accountant (Chartered or Certified)
- Commissioner for Declarations
- Legal Practitioners
- Police Officer
- Teacher
- Clerk of a Court
- Dentist

- Nurse
- Post Office Manager
- Veterinary Surgeon
- Commissioner for Affidavits
- Justice of the Peace
- Pharmacist
- Sheriff or Sheriff's Officer

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