

## **IDENTITY DECLARATION**

### **Aboriginal and Torres Strait Islander Persons**

Marine Safety (Domestic Commercial Vessel) National Law Act 2012

This form should be used only if you are genuinely unable to provide suitable evidence of identity documentation because your birth has not been registered; and

- you are of Aboriginal or Torres Strait Islander descent; or
- you identify as an Aboriginal or Torres Strait Islander person and are accepted as such by the community in which you live or formerly lived.

If you use this form, your application will take longer to process as at least one of the verifying persons must be contacted.

This declaration will be refused if the verifying person cannot be contacted during business hours.

Personal details (Please PRINT)
Male Female Indeterminate
Family name
Given name/s
Other names (if applicable) (e.g. maiden name, community name or traditional name)
Residential address
Postcode
Postal address (if same as residential write AS ABOVE)
Postcode
Aboriginal/Torres Strait community where you live
Daytime contact phone number
Date of birth claimed Place of birth
DD MM YYYY
Eye colour Height Hair colour Complexion

#### **Personal declaration**

#### Sign only in the presence of one of the verifying persons

I declare that I have read all the answers I have given to the questions in this declaration and that the answers given by me in this declaration are complete, true and correct in every detail.

I consent to AMSA taking, keeping and using my personal information and documents for the purposes associated with my certificate as required under Schedule 1 of the Marine Safety (Domestic Commercial Vessel) National Law Act 2012.

I understand that if I have stated anything in this declaration that is false or misleading the certificate granted to me as a result of this declaration will be absolutely void and have no legal effect whatsoever.

I authorise the authorising person to make any enquiries considered necessary to verify the information provided by me in this declaration.

I understand that I may be prosecuted for giving or stating any false or misleading

information.		
Signature	Date	
	/	/20
It is an offence to make a statement that is false or mislead	ding in an	application for

It is an offence to make a statement that is false or misleading in an application for a certificate — see Criminal Code, s 137.1.

#### Verification of identity

The verifying persons' declaration must be completed by two people from the following list -

- · Community Justice Group Chairperson, Vice Chairperson or Coordinator
- · Community Council Chairperson or Deputy Chairperson
- · Community Councillor
- · Justice of the Peace or Commissioner for Declarations

#### Verifying persons' details

First verifying person (please print)

nst vernying person (please print)
Full name
Official position/role
onicial position/role
Daytime contact phone number
Address/Community
·
Posterio
Postcode
Second verifying person (please print)
-ull name
Official position/role
Daytime contact phone number
zayımle contact priorie muniber
Address/Community
Postcode
Verifying persons' declaration
We the undersigned declare that
is recognised as being an Aboriginal/Torres Strait Islander Person* and normally
resides in the Aboriginal/Torres Strait Islander Person* and normally resides in the Aboriginal/Torres Strait Islander* community of

give any further information that the authorising person may ask for to verify any statement made by us in this declaration.

• We declare that: — to the best of our knowledge, the information given by the person making this declaration is complete, true and correct.

information considered necessary for the purpose of this declaration and agree to

· We give permission for the authorising person to contact us for any further

· We recognise their claim that their date of birth is

 the information provided by us in this declaration is complete, true and correct in every detail.

First verifying person's signature	Date		
		/	/20
Second verifying person's signature	Date		
		/	/20

It is an offence to make a statement that is false or misleading in an application for a certificate — see Criminal Code, s 137.1.

\*Cross out whichever does not apply

#### **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/

#### OFFICE USE ONLY

On receipt of this completed form, the authorised person must confirm at least one of the verifying person's statements

# by telephoning the verifying person. All standard Evidence of Identity documents shown must be photocopied and attached to the customer's application. (Note: Financial institution debit/credit cards must not be copied) **Evidence of identity documents (Customer)** Number Number Number Number Confirmation of verifying statements checklist ☐ Verifying person was contacted and has confirmed statements made by them. Comments Evidence of identity documents photocopied and attached. Comments **Decision** Has this declaration been accepted? Yes No Comments Authorising person's signature Office stamp Date / /20