



NORTHERN ZONE ROCK LOBSTER FISHERY
Fisheries Management Act 2007
Fisheries Management (Rock Lobster Fisheries) Regulations 2006

APPLICATION TO CHANGE REGISTRATION OF MASTER/S

All applications must be completed in full before being lodged with PIRSA Fisheries & Aquaculture. Applications that are not complete, or that do not have correct documentation attached, will be returned. Please contact PIRSA Fisheries & Aquaculture on (08) 8204 1370 if you have any queries. Licence Holder MUST initial each page (bottom right corner).

PART A To be completed by the licence holder

Licence number:

Licence holder:.....

If the licence is held by a company, the name and position of the person completing this form on behalf of the company:.....

Address.....

..... Postcode

Current Master(s) endorsed on the licence:

MASTER 1:

MASTER 2:

MASTER 3:

MASTER 4:

MASTER 5:

Master(s) to be removed if this application is approved:

MASTER 1:

MASTER 2:

MASTER 3:

MASTER 4:

MASTER 5:

Master(s) to add if this application is approved:

MASTER 1:

MASTER 2:

MASTER 3:

MASTER 4:

MASTER 5:

PIRSA FISHERIES & AQUACULTURE
Level 14, 25 Grenfell Street, Adelaide SA 5000
GPO Box 1625, Adelaide SA 5001
Telephone (08) 8204 1370 Facsimile (08) 8204 1388
Email PIRSA.FisheriesS&I@sa.gov.au
http://www.pir.sa.gov.au/fisheries/home

Lic.Holder init's

PART B To be completed by registered masters not being the holder of the licence

- I hereby declare that I have read and understood the information contained in this application in relation to licence number.....(insert number) upon which it is proposed I am to be endorsed as the registered master of the registered boat or boats endorsed on that licence; and
- I declare that I satisfy the requirements of the *Harbours and Navigation Act 1993* in relation to the crewing of vessels; and
- I declare that I have not been convicted of any offence in any State or Territory of the Commonwealth involving a breach of any State or Commonwealth fisheries legislation during the period of three years immediately preceding the date of this application; and
- I understand that it is an offence under the *Fisheries Management Act 2007* to make a statement that is false or misleading in a material particular; and
- I undertake to comply with all the conditions on the said licence in my capacity as registered master; and
- I understand that I may be liable to prosecution for offences against the Act including breaches of licence condition, committed by any other person in relation to fishing from the registered boat, when I am the master; and
- For the purposes of this application I consent to the release of full details of any convictions or charges for breaches of fisheries related legislation imposed on me in any Australian State or Territory during the period of three years immediately preceding the date of this application. I acknowledge that without this consent being provided, conviction details in some States may not be disclosed.

Master 1 Name..... **D.O.B.**

Postal Address:..... Postcode.....

Residential Address:.....Postcode.....

Phone numbers:..... (home) (mobile)

Have you been convicted of any offence in any State or Territory of the Commonwealth involving a breach of any State or Commonwealth fisheries legislation during the period of three years immediately preceding the date of this application? Yes No

I hereby certify that this information is to the best of my knowledge and belief to be true and accurate. I know that this information is to be used for the purpose of the administration of the Fisheries Management Act 2007 and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of 20.....

Signature of Master.....Witnessed by Licence Holder

Master 2 Name..... **D.O.B.**

Postal Address:..... Postcode.....

Residential Address:.....Postcode.....

Phone numbers:..... (home) (mobile)

Have you been convicted of any offence in any State or Territory of the Commonwealth involving a breach of any State or Commonwealth fisheries legislation during the period of three years immediately preceding the date of this application? Yes No

I hereby certify that this information is to the best of my knowledge and belief to be true and accurate. I know that this information is to be used for the purpose of the administration of the Fisheries Management Act 2007 and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of 20.....

Signature of Master.....Witnessed by Licence Holder

Lic.Holder init's

Master 3 Name..... D.O.B.

Postal Address:..... Postcode.....

Residential Address:.....Postcode.....

Phone numbers:..... (home) (mobile)

Have you been convicted of any offence in any State or Territory of the Commonwealth involving a breach of any State or Commonwealth fisheries legislation during the period of three years immediately preceding the date of this application? Yes No

I hereby certify that this information is to the best of my knowledge and belief to be true and accurate. I know that this information is to be used for the purpose of the administration of the Fisheries Management Act 2007 and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of 20.....

Signature of Master.....Witnessed by Licence Holder

Master 4 Name..... D.O.B.

Postal Address:..... Postcode.....

Residential Address:.....Postcode.....

Phone numbers:..... (home) (mobile)

Have you been convicted of any offence in any State or Territory of the Commonwealth involving a breach of any State or Commonwealth fisheries legislation during the period of three years immediately preceding the date of this application? Yes No

I hereby certify that this information is to the best of my knowledge and belief to be true and accurate. I know that this information is to be used for the purpose of the administration of the Fisheries Management Act 2007 and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of 20.....

Signature of Master.....Witnessed by Licence Holder

Master 5 Name..... D.O.B.

Postal Address:..... Postcode.....

Residential Address:.....Postcode.....

Phone numbers:..... (home) (mobile)

Have you been convicted of any offence in any State or Territory of the Commonwealth involving a breach of any State or Commonwealth fisheries legislation during the period of three years immediately preceding the date of this application? Yes No

I hereby certify that this information is to the best of my knowledge and belief to be true and accurate. I know that this information is to be used for the purpose of the administration of the Fisheries Management Act 2007 and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of 20.....

Signature of Master.....Witnessed by Licence Holder

Lic.Holder init's

DECLARATION of Licence Holder

I hereby apply to have the person(s) nominated above to be registered as the master(s) of the registered boat(s) endorsed on the licence.

I

of (address)

hereby certify that this application is to the best of my knowledge and belief true and accurate. I know that this information is to be used for the purpose of the administration of the *Fisheries Management Act 2007* and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of,20

Signed:

Witnessed by:
(Full Name)

of
(address)

Signature of Witness:.....