

Fee \$139 GST Exempt 01/07/23 - 30/06/24 Processing time: 5 business days

NORTHERN ZONE ROCK LOBSTER FISHERY

Fisheries Management Act 2007
Fisheries Management (Rock Lobster Fisheries) Regulations 2017

APPLICATION TO VARY A BOAT REGISTRATION

With this completed application:

(Please tick when complete)

Enclosed application payment of \$139.

Enclosed a copy of current certVessel monitoring information of	•
Aquaculture. Applications that are no attached, will be returned. Please con-	d in full before being lodged with PIRSA Fisheries & ot complete, or that do not have correct documentation tact PIRSA Fisheries & Aquaculture on (08) 8207 5332 if MUST initial each page (bottom right corner).
PART 1 – APPLICANT DETAILS	
Licence number:	
Name of Licence holder:	
PLEASE NOTE: Boats endorsed of any other Rock Lobster Licence. PART 2 – BOAT(S) to be REMOV	n a Rock Lobster licence must not be endorsed on
Boat 1 Boat Name:	Boat 2 Boat Name:
Length:	Length
Survey No:	Survey No:
2 Har GF	A FISHERIES & AQUACULTURE nra Avenue, West Beach. SA 5024 PO Box 1625, Adelaide SA 5001 (08) 8207 5332 Facsimile (08) 8207 5331

Email PIRSA.FisheriesLicensing@sa.gov.au http://www.pir.sa.gov.au/fisheries/home

Licence Holder Initials

PART 3 – BOAT(S) to be ADDED	
Boat 1 Boat Name:	Boat 2 Boat Name:
Main Colour:	Main Colour:
Length:metres	Length:metres
Home Port:	Home Port:
Construction Material:	Construction Material:
Survey No:	Survey No:
Does the vessel comply with Survey and Certifi	cate of Operation requirements?
Boat 1 - Yes / No	Boat 2 - Yes / No
Please provide a copy of the certificate of opera	ation if available.
	a vessel it is your responsibility to ensure that the you are unsure please contact AMSA: Australian
AMSA Connec	ne Safety Authority ct: 1800 627 484 nect@amsa.gov.au
Is the boat registered by endorsement licence?	t on any other South Australian fishery
Boat 1 - Yes / No	Boat 2 - Yes / No
Licence No:	Licence No:

Licence Holder Initials

PART 4 – DECLARATION

I declare this boat complies with t <i>Act 1993.</i>	the requirements under the Harbours and Navigation
(Full name of person completing this	(Natural Person/ Director) s form – individual licence holder or company Director)
of (address)	
Contact Telephone Number:	
who is the holder of Fishery Licence	No:
accurate. I know that this information of the Fisheries Management A	on is to the best of my knowledge and belief true and ation is to be used for the purpose of the administration of 2007 and if it is false or misleading in a material nodusion or omission of any particular) I may be guilty of
Dated the of	, 20
	Signed:
	Witnessed by:(Full Name)
	of(address)
	Signature of Witness:

Licence Holder Initials