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 $126.
☐ Enclosed a copy of current certificate of operation
☐ Vessel monitoring information completed, if applicable

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 1 – APPLICANT DETAILS

Licence number: ........................................................................................................

Name of Licence holder: ..............................................................................................

PLEASE NOTE: Boats endorsed on a Rock Lobster licence must not be endorsed on any other Rock Lobster Licence.

PART 2 – BOAT(S) to be REMOVED

<table>
<thead>
<tr>
<th>Boat 1</th>
<th>Boat 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boat Name: .................................................</td>
<td>Boat Name: .................................................</td>
</tr>
<tr>
<td>Length: .......................................................</td>
<td>Length: .......................................................</td>
</tr>
<tr>
<td>Survey No: ....................................................</td>
<td>Survey No: ....................................................</td>
</tr>
</tbody>
</table>

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.FisheriesLicensing@sa.gov.au

Fee $126
GST Exempt
01/07/19 - 30/06/20
Processing time: 5 business days

Licence Holder Initials
## PART 3 – BOAT(S) to be ADDED

<table>
<thead>
<tr>
<th>Boat 1</th>
<th>Boat 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boat Name:</strong> ................................</td>
<td><strong>Boat Name:</strong> ................................</td>
</tr>
<tr>
<td><strong>Main Colour:</strong> ................................</td>
<td><strong>Main Colour:</strong> ................................</td>
</tr>
<tr>
<td><strong>Length:</strong> ...................................... metres</td>
<td><strong>Length:</strong> ...................................... metres</td>
</tr>
<tr>
<td><strong>Home Port:</strong> ....................................</td>
<td><strong>Home Port:</strong> ....................................</td>
</tr>
<tr>
<td><strong>Construction Material:</strong> ......................</td>
<td><strong>Construction Material:</strong> ......................</td>
</tr>
<tr>
<td><strong>Survey No:</strong> ...................................</td>
<td><strong>Survey No:</strong> ...................................</td>
</tr>
</tbody>
</table>

Does the vessel comply with Survey and Certificate of Operation requirements?

**Boat 1** - Yes / No  
**Boat 2** - Yes / No

Please provide a copy of the certificate of operation if available.

**PLEASE NOTE:** As the owner (and or master) of a vessel it is your responsibility to ensure that the vessel is fit for commercial fishing operations. If you are unsure please contact AMSA: Australian Maritime Safety Authority.

Australian Maritime Safety Authority  
AMSA Connect: 1800 627 484  
Email: amsaconnect@amsa.gov.au

**Is the boat registered by endorsement on any other South Australian fishery licence?**

**Boat 1** - Yes / No  
**Boat 2** - Yes / No

**Licence No:** .....................................  
**Licence No:** .....................................

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**Licence Holder Initials**
PART 4 – DECLARATION

I declare this boat complies with the requirements under the Harbours and Navigation Act 1993.

I ................................................................. (Natural Person/ Director )
(Full name of person completing this form – individual licence holder or company Director)

of (address) ...........................................................................................................................

Contact Telephone Number:...........................................

who is the holder of Fishery Licence No: ...............................................................

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: .................................................................