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 $128.
☐ 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

Boat 1
Boat Name: .................................................................
Length: .................................................................
Survey No: .................................................................

Boat 2
Boat Name: .................................................................
Length: .................................................................
Survey No: .................................................................

License Holder Initials

PIRSA FISHERIES & AQUACULTURE
2 Hamra Avenue, West Beach, SA 5024
GPO Box 1625, Adelaide SA 5001
Telephone (08) 8207 5332 Facsimile (08) 8207 5331
Email PIRSA.FisheriesLicensing@sa.gov.au
## PART 3 – BOAT(S) to be ADDED

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

Licence Holder Initials