



FEE \$126
GST exempt
01/07/19-30/06/20
Processing time:
7 business days

SAND CRAB SECTOR

Fisheries Management Act 2007

Fisheries Management (Marine Scalefish Fisheries) Regulations 2017

APPLICATION TO CHANGE REGISTRATION OF A MASTER

With this completed application

(Please tick when complete)

- Enclosed application payment of \$126.

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:
Address
..... Postcode

Current Master(s) endorsed on the licence:

MASTER 1:
MASTER 2:

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

MASTER:D.O.B.

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

MASTER:.....

Note:

- The registered master can only fish sand crab pots
- If a new registered master is to be a person other than the holder of the licence, the registered master must complete Part B of the application.
- Please provide the licence numbers of any other commercial fishery licences owned.

Please note: Pursuant to Section 59 of the *Fisheries Management Act 2007*, the holder of a licence/permit or a registered master must at all times when he or she is engaging in a fisheries activity under the licence/permit, carry with them an identification issued by the Minister. For further information, please contact a PIRSA office or your local fisheries officer.

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
<http://www.pir.sa.gov.au/fisheries/home>

Licence Holders Initials

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..
- 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 appeared before a Court or Tribunal for an 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.**

Proposed registered master to be endorsed on licence number.....

Postal Address:..... Postcode

Residential Address:..... Postcode

Phone numbers:(home) (mobile)

Have you appeared before a Court or Tribunal for an 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.**

Proposed registered master to be endorsed on licence number.....

Postal Address:..... Postcode

Residential Address:..... Postcode

Phone numbers:(home) (mobile)

Have you appeared before a Court or Tribunal for an 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

Licence Holders Initials

DECLARATION OF LICENCE HOLDER

I hereby apply to have the person nominated above to be registered as the master of the registered boat(s) endorsed on the licence. The master will only undertake the activity of fishing for sand crabs using sand crab pots endorsed on the licence.

I (Natural Person)
(Full name of person completing this form)

of (address)

Contact Telephone Number:

who is the licence holder of Marine Scalefish 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: