



FEE \$128
GST exempt
01/07/20-30/06/21
Processing time:
7 business days

Fisheries Management Act 2007

APPLICATION TO CHANGE REGISTRATION OF A MASTER

With this completed application

(Please tick when complete)

- Enclosed application payment of \$128.

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).

Before completing the application please ensure the number of masters you have listed comply with the regulations attached to your fishery licence.

Abalone Fisheries (Central Zone, Southern Zone & West Zone)

Fisheries Management (Abalone Fishery) Regulations 2017

- Only 1 registered master may engage in fishing activity under the licence on the same day
(Section 14)
 - Up to 3 registered masters may be endorsed on a licence

Blue Crab

Fisheries Management (Blue Crab Fishery) Regulations 2013

- Up to 5 registered masters may be endorsed on a licence

Charter Boat

Fisheries Management (Charter Boat Fishery) Regulations 2016

- Up to 5 registered masters may be endorsed on a licence

Misc. Fishery

Fisheries Management (Miscellaneous Fisheries) Regulations 2015

Please refer to the licence condition on your Miscellaneous fishery licence.

Prawn Fisheries (Gulf of St Vincent)

Fisheries Management (Prawn) Regulations 2017

- Up to 2 registered masters may be endorsed on a licence

Prawn Fisheries (Spencer Gulf & West Coast)

Fisheries Management (Prawn) Regulations 2017

- Up to 5 registered masters may be endorsed on a licence

River

Fisheries Management (River Fishery) Regulations 2017

- Up to 2 registered masters may be endorsed on a licence

Northern & Southern Zone Rock Lobster Fisheries

Fisheries Management (Rock Lobster Fishery) Regulations 2017

- Up to 5 registered masters may be endorsed on a licence

Licence Holder Initials

PART A To be completed by the licence holder

Licence number:

Name of Licence holder:

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:D.O.B.

MASTER 2:D.O.B.

MASTER 3:D.O.B.

MASTER 4:D.O.B.

MASTER 5:D.O.B.

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

MASTER 1:

MASTER 2:

MASTER 3:

MASTER 4:

MASTER 5:

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

Licence Holder 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* (SA) and the *Marine Safety (Domestic Commercial Vessel) National Law Act 2012* (Cwth) 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 provide, conviction details in some States maynot 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

If Yes, give details

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

If Yes, give details

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 Holder Initials

PART B Continued

Master 3 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

If Yes, give details

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.

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

If Yes, give details

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.

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

If Yes, give details

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 Holder Initials

DECLARATION OF LICENCE HOLDER

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

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 licence 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