



MARINE SCALEFISH FISHERY NORTHERN ZONE ROCK LOBSTER FISHERY

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

APPLICATION TO VARY A NOMINATED REPLACEMENT MASTER – GENERAL DAYS

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) 8207 5332 if you have any queries. The licence holder **MUST** initial each page (bottom right corner).

PART A To be completed by the licence holder

Licence number:

Licence holder:

Address

..... Postcode:.....

Contact Number:.....

Current Replacement Master(s) endorsed on the certificate of consent:

MASTER 1:

MASTER 2:

MASTER 3:

MASTER 4:

Replacement 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.

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

MASTER 1:

MASTER 2:

MASTER 3:

MASTER 4:

PIRSA FISHERIES & AQUACULTURE
2 Hamra Avenue, West Beach. SA 5024
PO 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 Holders Initials

Note:

- The replacement master(s) consented to for your licence may only undertake fishing activities pursuant to your licence for a combined maximum period of 28 days during 1 July to 30 June financial year;
- Replacement masters, once consented to, will remain on your licence unless otherwise advised by the licence holder, replacement master, or the consent is revoked.
- In all other respects you or your nominated replacement master(s) must comply with the requirements on the *Fisheries Management Act 2007* and regulations.
- 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.

PART B To be completed by Replacement Master(s)

- 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 replacement 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.
- I undertake to inform the Minister for Primary Industries and Regional Development (or his/her delegate) if I become aware of any circumstances which may give rise to my capacity as a fit and proper person to undertake fishing activities under the licence

Replacement Master 1 Name D.O.B.

Proposed replacement master to be endorsed on licence number

Postal Address: Postcode.....

Residential Address: Postcode.....

Phone numbers: (home) (mobile)

Email Address:

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

Replacement Master 2 Name D.O.B.

Proposed replacement master to be endorsed on licence number

Postal Address: Postcode.....

Residential Address: Postcode.....

Phone numbers: (home) (mobile)

Email Address:

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 Holders Initials

Replacement Master 3 Name D.O.B.

Proposed replacement master to be endorsed on licence number

Postal Address:..... Postcode.....

Residential Address:..... Postcode.....

Phone numbers: (home) (mobile)

Email Address:

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

Replacement Master 4 Name D.O.B.

Proposed replacement master to be endorsed on licence number

Postal Address:..... Postcode.....

Residential Address:..... Postcode.....

Phone numbers: (home) (mobile)

Email Address:

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 Holders Initials

DECLARATION OF LICENCE HOLDER

I hereby apply to have the person(s) nominated to be replacement master(s) of the registered boat(s) 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 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. I undertake to inform the Minister for Primary Industries and Regional Development (or his/her delegate) if I become aware of any circumstances which may impact the capacity of any replacement master(s) as a fit and proper person to undertake fishing activities under the licence.

Dated the of, 20.....

Signed:

Witnessed by:
(Full Name)

of
(address)

Signature of Witness: