



FEE N/A
01/07/23-30/06/24
Processing time:
7 business days

Fisheries Management Act 2007
Fisheries Management (Marine Scalefish Fisheries) Regulations 2017
Fisheries Management (Lakes and Coorong Fishery) Regulations 2009

MARINE SCALEFISH FISHERY/ LAKES AND COORONG FISHERY

APPLICATION TO NOMINATE A REPLACEMENT MASTER FOR ILLNESS & INJURY

With this completed application:
(Please tick when complete)

- Enclosed copy of a medical certificate

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.

PART A To be completed by the licence holder

Licence number:
Licence holder:
Address:
..... Postcode:.....
Contact Telephone Number:

List the full name of the person you wish to nominate as a replacement master on your licence:
REPLACEMENT MASTER:

The period for which you are requesting this replacement master to fish this licence:
(not exceeding 3 months) From: / / To: / / (inclusive)

The circumstances under which a Replacement Master is required:
.....
.....
.....
.....

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 Holders Initials

Note:

- **The replacement master approved for your licence may only undertake fishing activities pursuant to your licence for a period not exceeding 3 months or the length of the medical certificate, whichever is shorter;**
- **The use of a replacement master cannot be approved without a current medical certificate;**
- **The licence holder must not fish during this period;**
- **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: ENDORSED REPLACEMENT MASTER

- 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 provided, conviction details in some States may not be disclosed.

Replacement Master: Name D.O.B.

Proposed replacement 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 Holders Initials

DECLARATION OF LICENCE HOLDER

I hereby apply to have the person nominated to be replacement master 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.

Dated the of, 20.....

Signed:

Witnessed by:
(Full Name)

of
(address)

Signature of Witness:

Licence Holders Initials