



Australian Government

Australian Maritime Safety Authority

APPLICATION FOR CERTIFICATE OF SURVEY FOR A DOMESTIC COMMERCIAL VESSEL

Marine Safety (Domestic Commercial Vessel) National Law Act 2012

Marine Order 503 (Certificates of survey – national law) 2013

Use this form to apply for a new certificate of survey.

This form can be used for the initial issue of a certificate of survey or a new/replacement certificate of survey.

A. Applicant details

Title (Mr, Mrs, Ms, etc.)	Surname	Given name / Company name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
ACN / ABN	Trading name (if different to company name)			
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Street name and number	Town / suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal Address	Town / suburb	State	Postcode	
<input type="checkbox"/> Same as street address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Mobile	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

B. Correspondence

- Who is responsible for discussion about the vessel? Applicant Agent
- Who should invoices be sent to? Applicant Agent
- Who should correspondence be sent to? Applicant Agent

Please provide Agent details (if applicable)

C. Vessel details

Vessel name	Unique Identifier	Hull number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Length (m)	Breadth (m)	Depth (m)	Max design speed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does this vessel require a Loadline to be assigned as per MO507?	Fuel Type:		
<input type="checkbox"/> Yes	<input type="checkbox"/> Petrol		
<input type="checkbox"/> No	<input type="checkbox"/> Diesel		
<input type="checkbox"/> Unsure	<input type="checkbox"/> Other: <input type="text"/>		
Propulsion:	Construction Material:		
<input type="checkbox"/> Inboard	<input type="checkbox"/> Steel		
<input type="checkbox"/> Outboard	<input type="checkbox"/> Timber		
<input type="checkbox"/> Stern drive	<input type="checkbox"/> Aluminium		
<input type="checkbox"/> Jet	<input type="checkbox"/> FRP		
<input type="checkbox"/> Sail	<input type="checkbox"/> Other: <input type="text"/>		
<input type="checkbox"/> Shafts			
<input type="checkbox"/> Other: <input type="text"/>			
Engine manufacturer	No of engines	Speed (RPM)	Power (kW)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. Proposed class(es)

List the number of crew (C), passengers (P) and special personnel (SP) per class.

Up to 200nm Seaward:

	C	P	SP
- More than 12 passengers (Class 1B)			
- 12 passengers or less (Class 2B)			
- Commercial fishing (Class 3B)			

Up to 30nm Seaward:

	C	P	SP
- More than 12 passengers (Class 1C)			
- 12 passengers or less (Class 2C)			
- Commercial fishing (Class 3C)			
- Leisure craft/Hire & Drive (Class 4C)			

Partially smooth waters:

	C	P	SP
- More than 12 passengers (Class 1D)			
- 12 passengers or less (Class 2D)			
- Commercial fishing (Class 3D)			
- Leisure craft/Hire & Drive (Class 4D)			

Smooth waters:

	C	P	SP
- More than 12 passengers (Class 1E)			
- 12 passengers or less (Class 2E)			
- Commercial fishing (Class 3E)			
- Leisure craft/Hire & Drive (4E)			

Please give details of the type of operation, and the area you wish to operate in

E. Construction and design

Please be aware that you should not commence construction before plans are approved. **Any construction commenced prior to plan approval will be at your own risk.**

The vessel is:

- To be constructed
- Under construction
- Already built – date of construction

Does the vessel have a sistership in survey?

- No
- Yes – name, ID and State/Territory

F. Location/address of vessel for survey

Date survey requested

Contact person on day

Street name and number

Town / suburb

State

Postcode

Phone

Mobile

Email

G. Applicant's declaration and consent

I declare that:

- to the best of my knowledge the information provided by me in this application (and any attachments I have included with this application) is true and correct.
- I consent to the Australian Maritime Safety Authority, as the National Regulator, making all reasonable enquiries in order to verify that the information provided by me in this application (and any attachments I have included with this application) is true and correct.
- I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask that I provide any information or document that the National Regulator reasonably considers necessary for consideration of this application.
- I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask another person to provide any information, document or agreement that the National Regulator reasonably considers necessary for consideration of this application.

Signature

Name

Date

Where to lodge: Roads and Maritime Services NSW • Maritime Safety QLD • Transport Safety VIC • Marine and Safety TAS • Department of Planning, Transport and Infrastructure SA • Department of Transport WA • Marine Safety NT.

Privacy Statement

The collection of information requested in this form is required or authorised by *Schedule 1 of the Marine Safety (Domestic Commercial Vessel) National Law Act 2012* (the Act). It will be used for purposes related to the Act and may be provided to Commonwealth or State / Territory government agencies for the purposes of marine safety. Failure to provide the information may result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information, how to make a privacy complaint, or how your information may be used or disclosed for purposes beyond those described in this statement, visit www.amsa.gov.au/privacy/