A person who is affected by a reviewable decision made under the *Marine Safety (Domestic Commercial Vessel) National Law* Act *2012* (“National Law”)may apply to the National Regulator for internal review of the decision in accordance with *Section 140 of the National Law* and *Marine Order 501 (Administration* *– national law) 2013.*

An application for internal review, in most circumstances, must be made within 30 days after notification of a decision. Applications made after this period may not be considered.

To lodge, send your completed application, with supporting documentation, to Standards Secretariat, Standards, Australian Maritime Safety Authority, GPO Box 2181, Canberra ACT 2601, or email to [Standardssecretariat@amsa.gov.au](mailto:Standardssecretariat@amsa.gov.au). The maximum file size you can send to our email address is 10 MB.

**A. Applicant details**

Title (Mr, Mrs, Ms, etc.) Surname Given name Company name

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ACN / ABN Trading name (if different to company name)

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Street name and number Town / suburb State Postcode

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Postal Address

Same as street address Town / suburb State Postcode

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Phone Mobile Email

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**B. Date of notification of decision**

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**C. Details for which the review is sought**

You may include a copy of the correspondence notifying you of the decision.

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**D. Grounds for application for review**

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**E. 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.
* I understand and acknowledge that a person is guilty of an offence under section 137.1 of the *Criminal Code Act 1995* if the person gives false or misleading information, or omits anything without which the information is misleading to a Commonwealth entity; a person who is exercising powers or performing functions under a law of the Commonwealth, or the information is given in compliance or purported compliance with a law of the Commonwealth.
* I am authorised to act on behalf of the person affected by the decision.

Signature Name Date

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**Capacity in which the Applicant acts for the person affected by the decision**

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*If the applicant is not the person affected by the decision, evidence of the applicant’s authority to make the application for the person affected* ***must*** *be attached.*

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| **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 http://www.amsa.gov.au/privacy. |