

# Form 2: Application to register as an Amateur Fishing Charter Vessel Operator



**Fisheries New Zealand**

Tini a Tangaroa

## PART 1: Operator details

Please complete **either** section A **or** Section B by choosing which section best describes your amateur fishing charter vessel operation. After completion move onto sections C and D.

### **A** *Either complete Section A if you are a Company or Incorporated Society*

*Note: A Company includes a limited liability company, a body corporate and a statutory body with corporate status.*

Please tick one:

Company

Incorporated Society

Legal name of Company or Incorporated Society

  

### **B** *Or complete Section B only if you are an Individual, Partnership, Trust, Joint Individuals*

Please tick one:

Partnership

Trust

Individual

Joint Individuals

*For each partner/trustee/individual please specify the Full Legal Name and Date of Birth, Commencement or Incorporation Date.*

Full Legal Name	Date of Birth or Incorporation
	/ /
	/ /
	/ /
	/ /

If there are more individuals than space provided, please continue on a photocopy of this page.

Trust name (if applicable)

*Please note you are required to provide one of the following additional documents. Tick if you have included:*

- Copy of Partnership agreement *(if a partnership)*       Copy of Trust deed *(if a trust)*       Proof of identity of **each** individual *(if Individual or Joint Individuals)*

**C All Applicants must provide the following business details where applicable**

**Trading As**

Please specify your trading name (if any). This cannot be the name of a registered company

Trading as (if applicable)

**Commencement date**

Please specify the date that the entity was formed. (Leave blank if trading as an individual)

Commencement date

**Banned Person**

Please indicate whether or not the entity or people recorded on page one of this form are currently banned from amateur / recreational fishing by a NZ court

Banned Person(s)

Yes

No

**D All Applicants must provide the following communication details**

**Commercial Client Number**

If you are or have been a commercial fisher, please specify your commercial client number

Commercial Client Number (if applicable)

Please tick here if the following details are the same as your commercial details and you would like to advise Fishserve of these changes.

**Telephone Numbers**

At least one phone number must be provided

Daytime telephone number

After hours telephone number

Mobile

Fax (if applicable)

**Email**

Your email address will never be used for any other purpose or provided to any other organisation

Email

Website (if applicable)

To help reduce our environmental impact we prefer to send Charter Vessel Operator listing communications electronically. If you would rather receive communications as a letter, please tick the area indicated

I do not want to receive any listing-related communications by email

**Postal Address**

If you have a Registered Office Postal Address, please provide this otherwise please specify the applicant's Residential Postal Address

Postal Address (number, street, suburb, city, postcode)

Post Code

**Physical Address**

Complete this only if your street address is different from your Postal address

Physical Address

Tick if same as postal

## PART 2: Personnel details

### A Type of personnel (personnel maybe either a contact person, a skipper/guide, or both)

The contact person will be contacted on behalf of the Operator for Amateur Fishing Charter communications in the area specified

A Skipper / Guide is the person who, on behalf of the Operator, is in control of the fishing activity during the charter

The applicant may have multiple nominated persons. Please photocopy this page if you require more

What is the role of this person?

Contact Person

and / or

Skipper / Guide

Complete the following if you are nominating a Contact Person

Aspects of your organisation's activity for which this person will be a contact:

All

Listing

Finance

Returns

### B All personnel must provide the following identification details

First or given name(s)

Surname or family name

Preferred name

Date of Birth

Banned Person

Yes

No

**Banned Person**  
Please indicate whether or not this person is currently banned from amateur / recreational fishing by a NZ court

Tick if person is also the Operator recorded in Part 1 and go to part D the declaration at the bottom of this page

### C All personnel must provide the following communication details (unless the person is the Operator whose details were provided in Part 1)

*Note: If a telephone number, email or postal address is the same as that provided for the Operator in Part 1, you don't need to enter it in again but can simply tick the box beside that field.*

Please provide at least one telephone number. If the field is the same as that recorded in the Operators listing details then simply place a tick in the box adjacent to the field

Daytime telephone number

After hours telephone number

Mobile

Email

Postal Address (number, street, suburb, city, postcode)

Please provide a postal address. If this is the same as the postal address recorded in the Operators listing details then simply place a tick in the box

### D All personnel must complete the following declaration

**I have read and understood the "Collection of Personal Information" explanation at the end of this form**

Signature

Date

# PART 3: Vessel details

The applicant may have multiple vessels. Please photocopy this page if you require more

### MNZ / MSA Number

Please provide both the prefix (MNZ or MSA) and number assigned to this vessel

MNZ / MSA Number

MNZ     MSA (tick one)    Number

### Commercial Number

If this vessel has been registered as a commercial fishing vessel then please provide the registration number

Has this vessel been registered as a commercial vessel in New Zealand before?

No     Yes → Commercial Registration Number

### Name

If the name of the vessel does not match the name held by Maritime NZ, then evidence will be required that this name is now the name of the vessel

Current name of vessel

Base Port

Overall Length

 metres

Gross Tonnage

 tonnes

### Hull Material

Please select the one hull material option that most closely aligns with your vessel

Hull Material

Aluminium     Glass Reinforced Plastic     Steel  
 Cement     Marine Ply     Wood  
 Fabric     Rubber

### Colour

Please select the one colour that most closely matches the colour of your vessel's hull

Colour

Black     Grey/Aluminium     Red  
 Blue     Orange     White  
 Brown/Wood     Purple     Yellow  
 Green

Max Speed

 knots

Max Passengers

Number of Crew

Vessel Mobile Number (if applicable)

### GPS Type

Please select one GPS type

GPS type

Course Plotter     Video Plotter     Both

### Radio Type

Please select one vessel radio type

Radio Type

SSB     VHF     HF     UHF

### Fishing Methods

Please indicate all of your proposed fishing methods by ticking the appropriate circle(s)

Fishing method(s)

Beach seine / Drag netting     Fish Traps     Rod and reel or hand-lining - drifting  
 Bottom longlining     Hand gathering     Set netting  
 Diving (SCUBA and free)     Other - Potting     Trolling  
 Dredging     Rock lobster potting     Trolling Big Game  
 Drop / Dahn lines     Rod and reel or hand-lining - anchored

# PART 4: Declaration

Have you used additional pages?

No

Yes



Total number of additional pages

## All Applicants must provide the following declaration

### Declaration

If you are listing as a company, please have at least two directors sign the declaration.

If you are listing as a trust please ensure all trustees sign the declaration.

If you are listing as a partnership, please ensure all partners sign the declaration.

If there are more signatories than space provided make further declarations on a copy of this page.

### I declare that:

- The information I have given on this application is true and correct;
- I am authorised to provide this information and make this declaration;
- I am aware it is an offence to knowingly provide false or misleading information or omit any material information to obtain a benefit under the Fisheries Act 1996;
- I understand the applicant is required to notify Fishserve if there are any changes in the particulars I have provided in this application form;
- I have read and understood the "Collection of Personal Information" details supplied with this form;

Full Legal Name (Please PRINT)	Position	Signature	Date
			/ /
			/ /
			/ /
			/ /

### Notes

- To pay for this application via internet banking please deposit the fee to Ministry for Primary Industries 03-0049-0001709-03 and use your operator name as the reference.
- To pay for this application via credit card please contact us on 0800 422 843.
- Upon successful listing as an Amateur Fishing Charter Vessel Operator, you will be issued with an operator number. This number is unique and will be used to identify the Operator and all its dealings with Fishserve and the Ministry for Primary Industries. If the Operator is also a commercial operator and the commercial client number has been provided, then you may use this number for your dealings with Fishserve and the Ministry for Primary Industries.
- Incomplete forms will be returned to the applicant and may result in a delay with the processing of the application.

### Privacy Act 2020 - Collection of Personal Information

Your personal information is being collected to enable your application to be processed.

The agency collecting and holding this information is Fishserve (Commercial Fisheries Services Ltd), PO Box 482, Wellington, 6140.

The collection of this information is required under section 53(3) of the Fisheries (Amateur Fishing) Regulations 2013. It is not mandatory that you supply this information, but your application may not be processed if you do not provide all the information requested on this form.

You have the right to access and correct your personal information.

### Fishserve Use Only

Application Fee \$ \_\_\_\_\_

Receipt No \_\_\_\_\_

Data entry completed \_\_\_/\_\_\_/\_\_\_

GST \$ \_\_\_\_\_

Initials \_\_\_\_\_

Amount \$ \_\_\_\_\_

Client number

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OFFICE USE ONLY

DATE RECEIVED