



NOTIFICATION OF SALE, LOSS, DISPOSAL OF A DOMESTIC COMMERCIAL VESSEL OR CHANGE OF CERTIFICATE OF SURVEY

*Marine Safety (Domestic Commercial Vessel) National Law Act 2012, Schedule 1
Marine Order 503 (Certificates of Survey – national law)*

This form should be completed by applicants required to inform the National Regulator of the sale, loss, disposal of a domestic commercial vessel or of Changes to the Certificate of Survey to ensure information on the Certificate remains accurate as required under *Marine Order Part 503 (certificates of survey – national law) 2013*.

Please tick which notification is being made in relation to a domestic commercial vessel:

- transfer of ownership
 vessel sunk
 vessel scrapped
 matter recorded on certificate of survey is no longer accurate

Note: if you have notified the National Regulator of a matter in accordance with section 88 of the National Law (reporting of marine incidents to the National Regulator) you are not required to notify the National Regulator again.

A. Details of person

Individual/Sole traders

Title (Mr, Mrs, Dr, etc.) Surname

Given names

Trading name
 Same name as specified above OR specify trading name

Street Address

Town/suburb	State	Postcode
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Country
 Australia OR specify other

Postal Address
 Same as street address above
OR specify different street number and name/PO Box

Town/suburb	State	Postcode
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Country
 Australia OR specify other

Business	Mobile
Fax	Email

Companies

Name

ACN/Registration Number/ABN

Trading name
 Same name as specified above OR specify trading name

Street Address

Town/suburb	State	Postcode
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Country
 Australia OR specify other

Postal Address
 Same as street address above
OR specify different street number and name/PO Box

Town/suburb	State	Postcode
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Country
 Australia OR specify other

Business	Mobile
Fax	Email

B. Certificate details

Applicants who hold a certificate of survey must complete this section and provide either the original or a certified copy of the original certificate.

Certificate number	Class/Grade	Issue date	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of issue	Issuing Marine Safety Agency		
<input type="text"/>	<input type="text"/>		

C. Type of notification

Certificate Holder to complete the appropriate following notification:

(i) Transfer of ownership of a domestic commercial vessel

Vessel name	Unique vessel identifier	Date of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>

Ownership of the above vessel was transferred:

FROM:

Title (Mr, Mrs, Dr, etc.)	Surname	Given Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company Name	ACN/Registration Number/ABN		
<input type="text"/>	<input type="text"/>		
Address			
Street number and name	Town/suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO:

Title (Mr, Mrs, Dr, etc.)	Surname	Given Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company Name	ACN/Registration Number/ABN		
<input type="text"/>	<input type="text"/>		
Address			
Street number and name	Town/suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(ii) Sinking of a domestic commercial vessel

Vessel name	Unique vessel identifier	Date vessel sank
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sunk in the following circumstances:

<input type="text"/>

(iii) Scrapping of a domestic commercial vessel

Vessel name

Unique vessel identifier

Date of scrapping

Was scrapped in the following circumstances:

(iv) Matter recorded on Certificate of Survey is no longer accurate

The following detail/s on the Certificate of Survey is/are no longer accurate:

Reason/s for the inaccuracy:

D. Checklist of forms/documents attached/to be sighted

Current Certificate of survey (provide either the original or certified copy)

E. Declaration

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.

Signature

Name

Date

Privacy Statement

The purpose of collecting this information is to notify the National Regulator of matters specified in *Marine Order 503 (certificates of survey – national law) 2013*. This information may be passed to Commonwealth or State/Territory government agencies for the purposes of marine safety.

How to lodge

Take or send your completed notification form and attachments to your local Marine Safety Agency. Details are available at www.nationalsystem.amsa.gov.au.

Further information

For further information please contact your local Marine Safety Agency or www.nationalsystem.amsa.gov.au.