



*Fisheries Management Act 1994*

*Cl. 143 Fisheries Management (General) Regulation 2010*

## Application for Transfer of a Fishing Boat Licence

*This form is to be used by a fishing boat licence holder who proposes to transfer right to a fishing boat licence. This form is to be completed in full. A cheque, money order or credit card payment should be enclosed with this application for payment of the associated fee. Alternatively you may make payment of the associated fee at your local regional office. Please see the Schedule of Fees at: <http://www.dpi.nsw.gov.au/fisheries/commercial/licensing-forms#Fees> .*

**Fees for the current financial year for the Fishing Boat Licence must be paid prior to the transfer being approved.**

**Completed application forms can be faxed to (02) 4424 7449 (24 hr fax line), or posted to Fisheries Business Services, NSW DPI, LMB 3020, NOWRA NSW 2541. Alternatively, email a scanned copy of the completed application form to [fisheries.businessservices@dpi.nsw.gov.au](mailto:fisheries.businessservices@dpi.nsw.gov.au). For assistance completing this form, please call 1300 720 662**

### BOAT LICENCE DETAILS:

LIN number:  LFB number:  Boat Name:

Does the fishing boat licence currently have a physical boat attached?  Yes  No

If yes, is the physical boat transferring with the fishing boat licence?  Yes  No

### TRANSFEROR DETAILS:

Name(s):

Owner Registration Number:

Phone:  Mobile Ph:  Fax:

Email:

### DECLARATION BY TRANSFEROR

I/We declare that

- the fees for the whole of the current financial year have been paid for the boat licence being transferred.**
- the current fishing boat licence card is enclosed.**

**If the fishing boat licence is jointly owned, all parties must sign:**

Transferor's Name(s):

Company Position (if applicable):

Signature(s):

Date:

**TRANSFEEE DETAILS:**

Name(s):	<input type="text"/>		
Fisher Registration Number: (if applicable)	<input type="text"/>	ABN: (if applicable)	<input type="text"/>
Date of Birth	<input type="text"/>		
Residential address:	<input type="text"/>		
	Postcode:		
Postal address: (if different from above)	<input type="text"/>		
	Postcode:		
Phone:	<input type="text"/>	Mobile Ph:	<input type="text"/>
		Fax:	<input type="text"/>
Email:	<input type="text"/>		

**DECLARATION BY TRANSFEEE**

I/We declare that (Please circle where required):

- a) I **do / do not** have a professional relationship with DPI NSW either as an employee of the Department, or as a contractor to DPI NSW either through my business or as a subcontractor.
- b) the information provided in this application is true and correct in every detail.

If this is a joint application, all applicants must sign:

Transferee's Name(s):	<input type="text"/>
Company Position (if applicable):	<input type="text"/>
Signature(s):	<input type="text"/>
Date:	<input type="text"/>

**Please Note:** Providing false or misleading information may result in suspension or cancellation of a licence.**IMPORTANT INFORMATION****Partnerships**

If the applicant is a partnership, all partners must sign the application. If a company, the application must be signed by someone with authority to sign on behalf of the company, and the signatory's full name and company position held must be included.

**Company extract**

If the licence is to be held by a company, a copy of the current (dated within 30 days of this application) company extract issued by the Australian Securities and Investment Commission must accompany this application.

**PRIVACY INFORMATION** - The personal information provided by you on this form is subject to the *Privacy & Personal Information Protection Act 1998*. It is being collected by NSW Trade & Investment and will be used for purposes related to your application under the *Fisheries Management Act 1994*. Provision of this information is voluntary and where relevant information is not provided this may lead to your application being refused, delayed or not further considered. You have the right to request access to, and correct details of, your personal information held by the Department. Further information regarding privacy can be obtained from the NSW Trade & Investment website (which includes the Department of Primary Industries) at <http://www.trade.nsw.gov.au/legal/privacy>

Please tick the relevant box indicating your method of payment

**APPLICANT'S NAME:**

*CHEQUE or MONEY ORDER enclosed*   
(made payable to Department of Primary Industries)

*CASH* (only available if paid at local Fisheries Office)

CREDIT CARD  Visa  Mastercard  American Express

CARDHOLDER'S NAME

CREDIT CARD NUMBER  -  -  -

EXPIRY DATE  /

CVV\*

AMOUNT TO BE CHARGED \$

CARDHOLDER'S SIGNATURE

DATE  /  /

CVV\* - (card verification value) - last 3 digits on the back of the card for Visa and Mastercard - 4 digits on the front of the card for Amex