



ABN 58 259 330 901  
LIVING MARINE RESOURCES MANAGEMENT ACT 1995

Application to the Secretary of the Department of Primary Industries, Parks, Water & Environment for

**VARY A FISHING LICENCE (SCALLOP) TO PARTICIPATE IN THE 2015 OPEN SEASON**

**If you wish to activate your licence in time for the season opening you should submit this form without delay.**

If you do not intend to **fish** for scallops do not complete this form.

LICENCE DETAILS

Name/s: .....

Address: .....

Ent: ..... Phone: ..... Mobile: ..... Email: .....  
(Required)

Vessel: ..... Distinguishing mark: .....

Signature of holder/s: ..... Date: ..... / ..... / .....

Printed name of signatory: .....

VESSEL MONITORING SYSTEM (VMS) / AUTOMATIC LOCATION COMMUNICATOR (ALC)  
In relation to the vessel listed above (tick one only):

**My Tasmanian fishing certificate that specifies the above vessel is currently endorsed for the use of VMS/ALC**

- Ensure any contact details previously supplied to the Department are correct, submit updated details if required
- A direction to fit will be forwarded with your updated fishing certificate

**I have a VMS installed and I have previously had a Tasmanian fishing certificate that specifies the above vessel is endorsed for the use of a VMS/ALC**

- Ensure the VMS is switched ON
- Ensure any contact details previously supplied to this Department are correct, submit updated details if required
- A direction to fit will be forwarded with your updated fishing certificate

**I have never had a Tasmanian fishing certificate that specifies the above vessel that is endorsed for the use of a VMS**

- Contact Angela Iles, Compliance and Systems Officer on 61653038 as soon as possible

SUPERVISOR DETAILS

(Completing this section may assist the supervisor to receive the necessary paperwork sooner)

**I/we authorise the Department to dispatch relevant materials/documents directly to the following supervisor:**

Supervisor name: .....

Signature of licence holder/s: ..... Date ..... / ..... / .....

Printed name of signatory: .....

**DOCKET BOOK**

Do you have a Scallop Qouta Docket book?	Yes / No	Last docket number .....
(Please circle)		

**Please note licences must be current before a transfer application can be processed.**

Personal information will be collected from you for the purposes of maintaining a register of persons holding authorisations and fishing certificates pursuant to the Living Marine Resources Management Act 1995 and will be used by the Department for purposes permitted by this Act. Failure to provide this information may result in the inability to process your application or provide the service requested.

Your basic personal information may be disclosed to other public sector bodies where necessary or if required by law.

The address provided may be disclosed to the Tasmanian Seafood Industry Council (TSIC) to enable notification of the industry updates, annual general meeting, Board elections and to enable the Fishing Today magazine to be forwarded to you. Your personal information may also be disclosed to the Institute of Marine and Antarctic Studies (IMAS) for research and stock assessment purposes.

Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the DPIPWE. You may be charged a fee for this service.

This document has been prepared in the Department of Primary Industries, Parks, Water & Environment for or on behalf of the Minister for Primary Industries, Parks, Water & Environment.

By providing information in this form I consent to the details being used to give information under the Living Marine Resources Management Act 1995 and for the purposes associated with that Act.

**ITEMS WHICH MAY BE REQUIRED TO ACCOMPANY THIS APPLICATION:**

	Client Use	Office Use
Signatures.....	<input type="checkbox"/>	<input type="checkbox"/>
Current fishing licence (personal) .....	<input type="checkbox"/>	<input type="checkbox"/>
Docket book details.....	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor details.....	<input type="checkbox"/>	<input type="checkbox"/>
VMS .....	<input type="checkbox"/>	<input type="checkbox"/>
New docket book if required.....	<input type="checkbox"/>	<input type="checkbox"/>

**NOTES:**

**Date stamp**

**Receipt details**

Receipt no:

Amount:

Date:

Signed:

**Approved by Minister's delegate**

Name:

Signed:

Position no:

Transaction no:

Date:

**Please forward to:**  
 Department of Primary Industries, Parks, Water & Environment  
 Water & Marine Resources  
 GPO Box 44  
 HOBART TAS 7001  
**Ph:** (03) 6165 3000  
**Fax:** (03) 6233 7965