



Australian Government

Australian Maritime Safety Authority

# NOTIFICATION OF CHANGE OF OWNERSHIP

Marine Safety (Domestic Commercial Vessel) National Law Act 2012

Use this form to advise the National Regulator of a transfer or change of ownership of a commercial vessel.

To lodge, take or send your application and any attachments to your local marine safety agency, and pay any relevant fees.

## A. Purchaser details

|   |   |                           |                      |  |
|---|---|---------------------------|----------------------|--|
| Title (Mr, Mrs, Ms, etc.)                       | Surname                                     | Given name / Company name |                      |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      |                      |  |
| ACN / ABN                                       | Trading name (if different to company name) |                           |                      |  |
| <input type="text"/>                            | <input type="text"/>                        |                           |                      |  |
| Street name and number                          | Town / suburb                               | State                     | Postcode             |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      | <input type="text"/> |  |
| Postal Address                                  | Town / suburb                               | State                     | Postcode             |  |
| <input type="checkbox"/> Same as street address | <input type="text"/>                        | <input type="text"/>      | <input type="text"/> |  |
| <input type="text"/>                            | <input type="text"/>                        |                           |                      |  |
| Phone   | Mobile                                      | Email                     |                      |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      |                      |  |
| Vessel Name                                     | Unique Identifier                           | Date purchased            |                      |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      |                      |  |

1 Have you been provided the records for this vessel from the vendor?  Yes  No

## B. Changes to certificate/s

List all certificates that are to be changed. Please attach a copy of the certificate to this application.

| Certificate type | Certificate number | Change required |
|------------------|--------------------|-----------------|
|                  |                    |                 |
|                  |                    |                 |

## C. Purchaser's declaration and consent

I declare that:

- to the best of my knowledge the information provided by me in 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 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.

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Signature            | Name                 | Date                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### 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>.

## D. Vendor details

|   |   |                           |                      |  |
|---|---|---------------------------|----------------------|--|
| Title (Mr, Mrs, Ms, etc.)                       | Surname                                     | Given name / Company name |                      |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      |                      |  |
| ACN / ABN                                       | Trading name (if different to company name) |                           |                      |  |
| <input type="text"/>                            | <input type="text"/>                        |                           |                      |  |
| Street name and number                          | Town / suburb                               | State                     | Postcode             |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      | <input type="text"/> |  |
| Postal Address                                  | Town / suburb                               | State                     | Postcode             |  |
| <input type="checkbox"/> Same as street address | <input type="text"/>                        | <input type="text"/>      | <input type="text"/> |  |
| <input type="text"/>                            |   |                           |                      |  |
| Phone   | Mobile                                      | Email                     |                      |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      |                      |  |
| Vessel Name                                     | Unique Identifier                           | Date purchased            |                      |  |
| <input type="text"/>                            | <input type="text"/>                        | <input type="text"/>      |                      |  |

- 1 Have you provided the Records for this vessel to the purchaser?  Yes  No
- 2 Was the vessel hull, machinery and equipment sold in survey condition  Yes  No

## E. Changes to certificate/s

List all certificates that are to be changed. Please attach a copy of the certificate to this application.

| Certificate type | Certificate number | Change required |
|------------------|--------------------|-----------------|
|                  |                    |                 |
|                  |                    |                 |

## F. Vendor's declaration and consent

I declare that:

- to the best of my knowledge the information provided by me in 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 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.

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Signature            | Name                 | Date                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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