

Return Application to:

Torres Strait Protected Zone Joint Authority

c/- Australian Fisheries Management Authority
PO Box 7051
Canberra Business Centre ACT 2610



Application for Developmental Permit

Torres Strait Fisheries Act 1984 Sub-section 12(1)

Note:

It is an offence under s136.1(1) of the Criminal Code Act 1995 to make a false or misleading statement or to omit any matter or thing without which the statement is misleading.

1 Applicant Details

Name (in full):	Date of Birth:/...../.....	Email:
Postal Address:	Residential Address:	Mobile:
		Business:
Main Contact Name	Position/Role:	Fax:
ACN/ABN:	Country (if not Australia)	Is this name a: <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individuals

2 Boat/License Details

License Number:	Expiry Date:/...../.....	Boat Mark/Distinguishing Symbol:	Engine Make:
Community (if applicable):	Boat Make:	Boat Name:	Colour:
Owner Name:	Boat Length:	Mean Engine Rating(KW)/ Horsepower:	Tonnage:
Hull Material:	Boat Breadth:	Home Port:	Place Where Built:
VMS Installed: Yes / No	If VMS installed, Immersat Mobile #:		

3 Entry Details

Please tick any applicable current entries:

Tropical Rock Lobster (CR) Pearl Shell (PL)

Reef Line (LN) Prawn (PR)

Spanish Mackerel (MK) Trochus (TR)

Crab (CB) Beche de mer (BD)

Other.....

4 Proposed Type of Operation

Give a brief description of the nature of the operations to be undertaken, and the fishing equipment to be used:

5 Proposed Time Period

Nominate a desired date period for which you require the Developmental Permit:

Start:/...../..... End:/...../.....

6 Proposed Area of Operation

In the space provided below, specify two lines of latitude which will indicate the northern and southern boundaries of your proposed operations.

Northern-most Latitude	<i>Degrees</i>			<i>Minutes</i>		
Southern-most Latitude	<i>Degrees</i>			<i>Minutes</i>		

In the space provided below, specify two lines of longitude which will indicate the eastern and western boundaries of your proposed operations.

Eastern-most Longitude	<i>Degrees</i>			<i>Minutes</i>		
Western-most Longitude	<i>Degrees</i>			<i>Minutes</i>		

Alternatively, please describe the Torres Strait Fishery that you propose to operate within:

.....

7 Proposed Master

The following person is nominated as the master of the boat described in Section 2 – Boat/License Details

Name			
Postal Address			
	State	Postcode	
Contact Numbers	()	()	

8 Declaration by Applicant

Pursuant to sub-section 12(1) of the *Torres Strait Fisheries Act 1984* I/We, the applicant(s) whose name(s) appear(s) in section 1, hereby apply for the grant of a Scientific/Developmental Permit in respect of the boat described in section 2, authorizing the use of that boat by me/us. Or a person acting on my/our behalf, to undertake operations as described in section 4 of this application.

I/We, the applicant(s) whose name(s) appear(s) in section 1, declare that the information shown herein is, to the best of my/our knowledge, true and correct in every detail.

Signature(s) and Date	 /...../.....	Affix Company Seal
Printed Name(s) and Position Held in Company		

NOTE: Applications made by partnership are to be signed and dated by all partners. If signing on behalf of a company: (1) Two Directors, or (2) Director and Secretary, or (3) Sole Director and Secretary must sign and state their position held under the signature.

It is an offence, under the *Torres Strait Fisheries Act 1984*, for a person(s) to make a statement or furnish information in an application that is, to the knowledge of that person(s), false or misleading in any particular. This may lead to suspension of the Fishing Permit.

Return Applications to:

Australian Fisheries Management Authority
PO Box 7051
Canberra Business Centre
ACT 2610
Telephone: 1300 723 621 **Fax:** 02 6225 5440

Please provide an estimate of the time taken to complete this application form:

..... Hours Minutes

^ Refer to Torres Strait Management Notice Number 47 regarding how to measure boat length