



Australian Government

Australian Fisheries Management Authority

ABN 81 098 497 517



Application For Scientific Permit

Torres Strait Fisheries Act 1984

1 Applicant Details

Name		Is this name a: Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual's <input type="checkbox"/> (Please Tick Box)				
Postal Address						
State	Postcode					
Street Address (If same as postal please write "As above")		ACN / ABN Number				
State	Postcode	Country (if not Australia)				
Phones	Business ()	Mobile				
		Facsimile ()				
Main Contact Person	<table border="1"> <tr> <td>Title</td> <td>First Name</td> <td>Middle Initial</td> <td>Surname</td> </tr> </table>		Title	First Name	Middle Initial	Surname
Title	First Name	Middle Initial	Surname			
	Position /Role					

2 Boat Details

Name of Boat		Main Engine Rating (KW)	
Distinguishing Symbol		Hull Material	
Length (LOA)		Home Port	
Tonnage		Place Where Built	
Breadth		Is the Boat Fitted with VMS ?	YES NO
Name of Owner		If YES – Immarsat Mobile No.	

3 Proposed Type of Operation

Give a brief description of the nature of the scientific research to be undertaken and of the fishing equipment to be used.

4 Proposed Time Period

In the space provided nominate a desired time period for which you require the Scientific Permit. (No more than 6 months)

Nominate a specific period by date:

5 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>		
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[Indicative Only]

Southern-most Latitude

<i>Degrees</i>			<i>Minutes</i>		
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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>		
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[Indicative Only]

Western-most Longitude

<i>Degrees</i>			<i>Minutes</i>		
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6 Proposed Master

The following person is nominated as the master of the boat described in Section 2 – Boat details.

Name

Postal Address

<input type="text"/>		
	State	Postcode

Contact Numbers

7 Declaration

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 Permit in respect of the boat described in section 2, authorising the use of that boat by me / us, or a person acting on my / our behalf, to undertake operations as described in section 3 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

<input type="text"/>	/	/
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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 of 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 Application To:

Australian Fisheries Management Authority
PO Box 376, Thursday Island QLD 4875 Australia
Telephone (07) 4069 1990 **Facsimile** (07) 4069 1277

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

Hours

Minutes