

Application to update an operator plan

Last updated: July 2019

About this form

Use this form to apply to make changes to your Maritime Transport Operator Plan (operator plan) involving a complete change to:

1. the operator's name
2. people in positions of responsibility, and/or operational areas
3. categories or activities
4. primary ports or harbours.

Note: These changes made to your operator plan require approval from the Director of Maritime NZ and will incur a fee.

To complete this application, you need to:

- provide all of the information we require. You must complete page 2 and then any pages that specifically apply to your change(s). Print out only the relevant pages
- complete and sign the declaration section (page 12)
- complete and attach any additional documents you may need eg *Fit and Proper Person* form(s)
- read the *Explanatory notes* (page 15) for more details about the requirements for making changes to your operator plan.

Note: There is **no** requirement to notify Maritime NZ about changes made to safe operating procedures.

1. Your application details

Provide us with the following information so we know what operation you are applying to make changes to.

1.1 Operator details

Complete all of these fields.

Operator ID	<input type="text"/>
MTOC certificate number	<input type="text"/>
Operator named on certificate	<input type="text"/>

1.2 Your details

Complete the following information for the contact person for this application.

Title (tick only one)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="text"/>
	<small>Other (please specify)</small>				
Surname	<input type="text"/>				
Given name(s)	<input type="text"/>				
Phone (day time)	<input type="text"/>				
	<small>Eg +64 1 234-5678</small>				
Phone (after hours)	<input type="text"/>				
	<small>Eg +64 1 234-5678</small>				
Mobile phone	<input type="text"/>				
	<small>Eg +64 21 123-4567</small>				
Fax number	<input type="text"/>				
	<small>Eg +64 1 234-6789</small>				
Email address	<input type="text"/>				
Postal address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>				

2. Changes requiring Director approval

Any changes made to your operator plan in this section, need to be approved by the Director of Maritime NZ. As part of this application process you will be charged a fee(s).

2.1 Reason for change(s)

Briefly describe the reason(s) for making the change(s)

Indicate which parts of the operator plan will be affected

You need to attach a copy of your operator plan, to this application showing the parts that have been changed.



2. Changes requiring Director approval (continued)

2.2 Change full name of operator

Complete the following information if you are an individual or an organisation applying to change the full legal name of the operator.

Do you operate as an individual (or a group of individuals), or an organisation?

An individual (or a group of individuals)

If you tick this box, go to A below and ignore B

An organisation

If you tick this box, go to B (page 7) and ignore A

A. For individuals and groups of individuals

Complete this section only if you are an individual operator or you operate as a group of individuals.

Choose only one operator type from the following list. If your operator type is not included here, go to section B (page 12).

Individual(s)

Partnership (unincorporated)

Club (unincorporated)

Trust (unincorporated)

Other

(please specify)

Trading name

(if any)

Operation name

(if different than trading name)

If you operate as an unincorporated group of individuals, list each individual and their contact details below. Alternatively, if you are an owner-operator, only list yourself and your contact details. Print, and complete extra pages if you need to list more than two individuals below.

Note: Each individual listed below must complete a *Fit and proper* form and sign the declaration (refer to 3: *Declarations*). Remember to include these completed forms with this application.

2. Changes requiring Director approval (continued)

A. For individuals and groups of individuals (continued)

1st individual

Title (tick only one) Mr Mrs Miss Ms
Other (please specify)

Surname

Given name(s)

Phone Phone
Day time Eg +64 1 234-5678 After hours Eg +64 1 234-5678

Mobile phone Fax
Eg +64 21 123-4567 Eg +64 21 123-4567

Email address

Postal address

City and Country

Postcode

Physical address for service

(must be in New Zealand)

City

Website

This person is: (tick as many as apply)
 the main contact for this MTOC application
 the alternative contact person for this MTOC application
 a search and rescue contact

Preferred means of contact (tick only one)
 email post phone fax

2. Changes requiring Director approval (continued)

A. For individuals and groups of individuals (continued)

2nd individual

Title (tick only one) Mr Mrs Miss Ms
Other (please specify)

Surname

Given name(s)

Phone Phone
Day time Eg +64 1 234-5678 After hours Eg +64 1 234-5678

Mobile phone Fax
Eg +64 21 123-4567 Eg +64 21 123-4567

Email address

Postal address

City and Country

Postcode

Physical address for service

(must be in New Zealand)

City

Website

This person is: (tick as many as apply)
 the main contact for this MTOC application
 the alternative contact person for this MTOC application
 a search and rescue contact

Preferred means of contact (tick only one) email post phone fax

2. Changes requiring Director approval (continued)

B. For organisations

This section is only for organisations to complete.

Choose only one operator type from the following list. If your operator type is not included here, go to section A (page 9).

- | | |
|------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> NZ registered company | <input type="checkbox"/> Limited partnership |
| <input type="checkbox"/> Government department or ministry | <input type="checkbox"/> Local or regional authority |
| <input type="checkbox"/> Crown entity | <input type="checkbox"/> Charitable trust |
| <input type="checkbox"/> Overseas registered company | <input type="checkbox"/> Incorporated society |
| <input type="checkbox"/> Industrial or provident society | |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Provide name and registry details for your operation

Entity name (legal name)

NZ registry number (if any)

Eg Companies office number

Trading name (if any)

Operation name
(if different than trading and entity name)

Phone Fax

Eg +64 1 234-5678

Eg +64 21 123-4567

Postal address

City

Country

Postcode

2. Changes requiring Director approval (continued)

B. For organisations (continued)

Physical address for service	<input type="text"/>
(must be in New Zealand)	<input type="text"/>
City	<input type="text"/>
Website	<input type="text"/>

2.3 Change persons exercising responsibilities

Complete the following information if you are applying to change the persons who are responsible for exercising the privileges of the MTOC. This includes **new people**, **people who are leaving** and **people who have changes in responsibilities**.

New or increased responsibility

List the individuals in charge of each area of responsibility where responsibilities have increased (including new persons assuming responsibilities for the first time).

Tick the appropriate column(s) for each person listed below.

Full name of person(s) responsible (Tick the appropriate column(s) for each person listed here)	Area of responsibility			
	Maritime transport operation	Resourcing of maritime transport operation	Crew training & competency assessments	Operational decisions
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Each proposed new individual listed below must complete a *Fit and proper form*. Remember to include these completed forms with this application.

2. Changes requiring Director approval (continued)

Departing or decreased responsibility

List the individuals in charge of each area of responsibility where responsibilities have decreased.

Tick the appropriate column(s) for each person listed here for responsibilities they are retaining (if any) (no fee applies).

Note: If a person is being removed entirely (e.g. has left the organisation) list them and leave all tick boxes blank.

Full name of person(s) responsible <small>(Tick the appropriate column(s) for each person listed here)</small>	Area of responsibility			
	Maritime transport operation	Resourcing of maritime transport operation	Crew training & competency assessments	Operational decisions
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Changes requiring Director approval (continued)

2.4 Change operational categories or activities

Complete the following information if you are applying to change the categories and/or activities of the operation.

There is an initial application fee for adding categories and activities to you operation. If you are also removing categories and activities at the same time, this initial fee covers both. An additional variable charge will apply if the time required to assess the change to the operator plan exceeds that allowed for in the initial fee.

There is a separate application fee for removing categories and activities **only**. An additional variable charge based on the actual time required to assess the change to the operator plan may apply if the time required exceeds that allowed for in the initial fee.

Change to vessel categories

Indicate all of the vessel categories that apply to your operation.

If you operate under two or more categories, rather than ticking the boxes, indicate your primary category by writing a 1, write 2 for secondary, etc.

- Passenger ship
- Non-passenger ship
- Fishing ship
- Sailing ship

Change to your activities

Activities you propose to **start**

(if applicable)

Activities you propose to **stop**

(if applicable)

2. Changes requiring Director approval (continued)

2.5 Dangerous goods

Vessels carrying dangerous goods as cargo may need extra procedures or processes.

Do any of your vessels carry dangerous goods as cargo? yes no

2.6 Change primary ports and harbours

Complete the following information if you are applying to change the primary harbours or ports of the operation.

There is an application fee for adding primary harbours or ports. If you are adding and removing primary harbours or ports at the same, there is no additional fee.

There is a separate application fee for removing primary harbours or ports **only**.

List the primary harbour(s) or port(s) from which you propose to start using (if any).

Primary harbours or ports you propose to start using

List the primary harbour(s) or port(s) from which you propose to stop using (if any).

Primary harbours or ports you propose to stop using

3. Declarations

For your application to be valid, the appropriate person(s) need to sign this declaration.

Note: If the operator is a group of individuals then each individual listed in 2.2 *Change full name of operator* must sign and date this declaration. Print out and complete additional copies of the page if required.

Authorised person 1

As the applicant or the individual legally authorised to represent the applicant, I declare that the applicant will comply, and ensure compliance, with the policies and procedures set out in the operator plan (MTOP).

Title (tick only one) Mr Mrs Miss Ms
Other (please specify)

Surname

Given name(s)

Your position or role

Your signature Date
DD / MM / YYYY

Authorised person 2

As the applicant or the individual legally authorised to represent the applicant, I declare that the applicant will comply, and ensure compliance, with the policies and procedures set out in the operator plan (MTOP).

Title (tick only one) Mr Mrs Miss Ms
Other (please specify)

Surname

Given name(s)

Your position or role

Your signature Date
DD / MM / YYYY

Caution: Providing false information or failing to disclose information relevant to the granting or holding of a maritime document is an offence under section 406 of the Maritime Transport Act. The penalty for this offence, in the case of an individual, is imprisonment for a term of up to 12 months or a fine of up to NZ\$10,000.

4. Fees and payment

4.1 Application fee

There are fees for changes that require approval from the Director of Maritime NZ. The fee amounts are listed on the website next to the type of change you are applying for. Each change is charged for separately. Maritime NZ will calculate the total charge for you based on the changes you are applying for.

Refer to the Maritime NZ website for information about fees.

maritimenz.govt.nz/fees

The table below sets out the type of charges applies to each of the changes that require approval from the Director.

Fixed fee	Hourly rate	Initial fee and additional hourly rate
Change to the full name of operator	Change in person exercising responsibilities (fit and proper person)	Addition of operating categories or activities
Addition of a primary port or harbour		Removal of operating categories or activities
Removal of a primary port or harbour		

Invoice

For any fixed fee charges, you will be invoiced once we have formally received your application. If you have applied for any changes that are charged at an hourly rate, we will send you a second invoice once we have processed your application. A reference number and instructions explaining how to pay will be sent with the invoices.

The invoice will be in your name **unless** you indicate below the name and address of a different entity or individual who has agreed to be invoiced (such as your employer).

Name on the invoice

Postal address

City and country

Postcode

Refer to the Maritime NZ website for more information about how to pay your fees.

maritimenz.govt.nz/how-to-pay

5. Where to send your application

Send your completed form and the other documents required to Maritime NZ by email, courier or post.

Sending your application by email is preferred. Remember any *Fit and proper person* forms must be signed before scanning and attaching to the email as well as any other required documents. Make sure the scanned copies of your documents are legible and of a good quality.

Email your application to:

operators@maritimenz.govt.nz

Or

Courier your application to:

Operator Certification
Maritime New Zealand
1 Grey Street
Wellington 6011
NEW ZEALAND

Or

Post your application to:

Operator Certification
Maritime New Zealand
PO Box 25620
Wellington 6140
NEW ZEALAND

6. Explanatory notes

1. Maritime Rules Part 19: Maritime transport operator - certification and responsibilities states that operators must obtain approval from the Director of Maritime NZ for any amendment to the transport operator details contained in the Maritime Transport Operator Plan. Specifically, the operator must get approval from the Director if changes are made to any of the following:
 - the full name of the maritime transport operator
 - the person or persons responsible for:
 - the maritime transport operation
 - resourcing of the maritime transport operation
 - crew training and competency assessments
 - operational decisions, including the control and scheduling of maintenance and internal quality assurance
 - the primary harbours or ports from which the maritime transport operation is conducted
 - the category or categories and the activity or activities of maritime transport operation that will be conducted under the Maritime Transport Operator Certificate (MTOC).
2. Maritime Rule 19 also states that operators must notify the Director if a ship enters or exits its maritime transport operation.
3. As a holder of a Maritime Transport Operator Certificate you must keep your contact details up to date by promptly notifying the Director of any changes to your postal address, email address, telephone number, or facsimile number.

Privacy information

Personal information collected in this form will be used for the purpose of assessing the application for approval to amend a maritime transport operator plan, and for maintaining Maritime NZ's records in relation to maritime transport operations. Maritime NZ will not disclose personal information other than when permitted or required by law.

If you wish to access or correct personal information Maritime NZ holds about you, please contact the Maritime NZ Privacy Officer at PO Box 25620, Wellington 6140 or by phoning +64 4 4730111.