

Notification of update to an operator plan

Last updated: July 2016

About this form

Use this form to notify Maritime New Zealand (MNZ) about changes to an operation's name, contact details and/or vessel information.

Note: There is no requirement to notify MNZ about changes made to safe operating procedures.

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. You must also complete and sign the declaration section (page 8).

1. Your application details

Any changes made to your operator plan in this section, only require MNZ notification and are free of charge.

1.1 Operator details

Complete all of these fields.

Operator ID

MTOC certificate number

Operator named on certificate

1.2 Your details

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

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

Surname

Given name(s)

Phone (day time)
Eg +64 1 234-5678

Phone (after hours)
Eg +64 1 234-5678

Mobile phone
Eg +64 21 123-4567

Fax number
Eg +64 1 234-6789

Email address

Postal address

Postcode

2. Changes you can notify MNZ about

2.1 Change name of operation or trading name

Complete the following information if you are changing the name of your operation and/or its trading name.

Trading name
(if any)

Operation name
(if different than trading name)

2.2 Change operator address and contact details

Complete the following information if the operator's address has changed.

Phone
(day time)
Eg +64 1 234-5678

Phone
(after hours)
Eg +64 1 234-5678

Mobile phone
Eg +64 21 123-4567

Fax number
Eg +64 1 234-6789

Email address

Website

Postal address

City and country

Postcode

Physical address for service

(must be in New Zealand)

Postcode

2. Changes you can notify MNZ about (continued)

2.3 Change main contact person details

Complete the following information if the operator's main contact person has changed.

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

Surname

Given name(s)

Phone (day time)
Eg +64 1 234-5678

Phone (after hours)
Eg +64 1 234-5678

Mobile phone
Eg +64 21 123-4567

Fax number
Eg +64 1 234-6789

Email address

Postal address

City and country

Postcode

Is this person a search and rescue contact? Yes No

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

2. Changes you can notify MNZ about (continued)

2.4 Change alternative contact person details

Complete the following information if the operator's alternative contact person has changed.

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

Surname

Given name(s)

Phone (day time)
Eg +64 1 234-5678

Phone (after hours)
Eg +64 1 234-5678

Mobile phone
Eg +64 21 123-4567

Fax number
Eg +64 1 234-6789

Email address

Postal address

City and country

Postcode

Is this person a search and rescue contact? Yes No

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

2. Changes you can notify MNZ about (continued)

2.5 Change search and rescue contact details

Complete the following information if details about shore-based personnel who are responsible for managing trip reports and emergency response for your operation has changed.

Note: You do not need to give details for people already indicated as search and rescue contacts in sections 1.5 and 1.6.

Search and rescue contact 1

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Phone Day time	<input type="text"/> Eg +64 1 234-5678	Phone After hours	<input type="text"/> Eg +64 1 234-5678
Mobile phone	<input type="text"/> Eg +64 21 123-4567	Fax	<input type="text"/> Eg +64 21 123-4567
Email address	<input type="text"/>		

Search and rescue contact 2

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Phone Day time	<input type="text"/> Eg +64 1 234-5678	Phone After hours	<input type="text"/> Eg +64 1 234-5678
Mobile phone	<input type="text"/> Eg +64 21 123-4567	Fax	<input type="text"/> Eg +64 21 123-4567
Email address	<input type="text"/>		

Remove a search and rescue contact

If you are removing a search and rescue contact from your existing operator plan, provide their name.

Surname	<input type="text"/>
Given name(s)	<input type="text"/>

2. Changes you can notify MNZ about (continued)

2.6 Change to vessel(s) in operation

Complete the following information if you are changing the vessel(s) you operate.

Note: You must notify MNZ as soon as practicable after a vessel enters or exits your operation.

Provide details for the vessels *entering* your operation

		Vessels not owned by the operator
		Complete this column if the operator does not own the vessel.
MNZ number	Ship name	Full (legal) name of vessel owner(s) <small>(name of organisation, individual or group of individuals)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide details for the vessels *leaving* your operation

		Vessels not owned by the operator
		Complete this column if the operator does not own the vessel.
MNZ number	Ship name	Full (legal) name of vessel owner(s) <small>(name of organisation, individual or group of individuals)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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. Where to send your application

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

Sending your application by email is preferred. Remember any the form must be signed before scanning and attaching to the email a. Make sure the scanned copy of your document is 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 6146
NEW ZEALAND