

# Maritime Systems Assurance

## AID TO NAVIGATION: APPLICATION FOR DIRECTOR'S APPROVAL TO INSTALL, ALTER OR REMOVE AN AID TO NAVIGATION MNZ16006

PLEASE COMPLETE ALL APPLICABLE FIELDS IN THIS FORM.

Refer to Form 16006 Help (on MNZ website) for assistance – [www.maritimenz.govt.nz](http://www.maritimenz.govt.nz)

Print, sign and forward with any attachments to:

The Administrator, Maritime Systems Assurance, Maritime New Zealand

Post: PO Box 25 620, Wellington, 6146 Fax: 04 494 1263 Email: [internationalshipping@maritimenz.govt.nz](mailto:internationalshipping@maritimenz.govt.nz)

Pursuant to section 200(7) of the Maritime Transport Act 1994, I \_\_\_\_\_

on behalf of \_\_\_\_\_

hereby apply for the approval of the Director of Maritime New Zealand to carry out the work described below:

### Applicant details:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner of proposed aid to navigation: \_\_\_\_\_

### Work description:

Brief description: \_\_\_\_\_

Reason for application: \_\_\_\_\_

Type of aid to navigation:  Light  Lit buoy  Buoy  Lit day beacon  Day beacon  AIS, Racon  
 Other (please describe): \_\_\_\_\_

Proposed position (WGS84 datum):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Permanent or temporary:  Permanent  Temporary

Light list number: \_\_\_\_\_

Aid to Navigation name: \_\_\_\_\_

### Details of Light

Light type:  Lateral  Cardinal  Lead  Sector  
 Transit  Isolated danger  Safe water  Special mark

Colour:  White  White sectored  Green  Red  Yellow  Blue  Blue / Yellow

Nominal range: \_\_\_\_\_

Character: \_\_\_\_\_

Character sequence: \_\_\_\_\_

Obscured arcs: \_\_\_\_\_

Sectored arcs: \_\_\_\_\_

Elevation (metres): \_\_\_\_\_

Elevation (metres): \_\_\_\_\_

Period of operation:  Night  Night and day  On demand

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### Details of structure

Structure type:  Light  Buoy  Day Beacon  Other

Category:  Lateral  Cardinal  Isolated danger  Safe water  Special mark  Other

Top mark: \_\_\_\_\_

Description: \_\_\_\_\_

Colour: \_\_\_\_\_ Elevation (metres): \_\_\_\_\_

### Details of Racon/AIS

Racon character: \_\_\_\_\_

Racon type:  X-S Frequency Agile  X Band  S Band

Racon range (Nm): \_\_\_\_\_

AIS – Type:  Type 1  Type 2  Type 3  Synthetic  Virtual

MMSI number: \_\_\_\_\_

FATDMA sot allocated: (Type 1 & 2 devices) \_\_\_\_\_

AIS message 21: *Please provide proposed configuration on a separate sheet attached to this application*

List other AIS messages: \_\_\_\_\_

AIS elevation (metres): \_\_\_\_\_

AIS range (Nm): \_\_\_\_\_

### Other details

List other details: \_\_\_\_\_

Estimated date for commencement of work: \_\_\_\_\_ Estimated date for completion of work: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Council / Harbourmaster signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

### Director's approval

**Whereas** pursuant to section 200(7) of the Maritime Transport Act 1994, no person shall erect or place or alter or remove any light, signal, buoy or beacon without the sanction of the Director of Maritime New Zealand.

**And** pursuant to section 443 of the Maritime Transport Act 1994, the power to sanction such erection, placement, alteration or removal has been delegated to me:

MNZ approval No.: \_\_\_\_\_ MNZ File No.: \_\_\_\_\_

I \_\_\_\_\_ (Name) Dated at Wellington this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Of Maritime New Zealand HEREBY approve the work specified in this application subject to the following conditions (or as attached):

Expiry date of approval (before which applicant must return completed form MNZ 16006C) \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Senior Technical Advisor: \_\_\_\_\_

Notification of verification to Land Information New Zealand: \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

<sup>1</sup> Regional council authorized harbourmaster signatures may not be required if the AtoN is outside regional council's navigational safety jurisdiction. Anyone installing, altering or removing an AtoN must advise MNZ when the work is completed by means of the Completion Form MNZ 16006C.