

International Voyage Form

APPLICATION FOR ISSUE OR RE-ISSUE OF A CERTIFICATE OF INTERNATIONAL VOYAGE (MSF031)

Q1. This is an application for a certificate of: Issue Re-issue

1. Applicant's details

Q2. This must be completed by the Operator of the vessel

Title: Mr Mrs Ms Miss

Given name(s): _____ Surname: _____

Phone (daytime): _____ Fax: _____

Mobile: _____

Postal Address: _____

City: _____ Post Code: _____

Physical address for service: _____

Q3. Preferred form of contact (*tick one only*)

E-mail Post Phone Fax

2. Vessel Details

Q4. Vessel Name: _____

Q5. MNZ Number: _____

Q6. Full name of the vessel owner(s) eg name of the organisation, individual or group of individuals:

Q7. Has the vessel been assigned unlimited limits?

Yes – please attach a copy of the Certificate of Survey, and go to **Q9**

No – go to **Q8**

Q8. Has the vessel been approved by the Surveyor as fit to undertake the proposed international voyage?

Yes – please attach a copy of the Certificate of Survey

No – stop, cannot proceed

Q9. When is the next out of water survey for this vessel? _____

Q10. Is this vessel registered?

Yes – what is the registration number? _____

No

Q11. Are all statutory certificates valid and current for the duration of this vessel's overseas operations?

Yes

No

Q12. Is this vessel to be operated commercially overseas?

Yes

No

3. Voyage Details

Please attach a copy of the proposed voyage plan to this application form.

Q13.

Estimated departure date: _____

Estimated arrival date: _____

Departure port: _____

Arrival port: _____

Q14. Is there a planned return date to New Zealand?

Yes – please complete **Q14a**

No – go to **Q15**

Q14a.

Estimated departure date: _____

Estimated arrival date: _____

Departure port: _____

Arrival port: _____

Q15. Will there be any passengers on board this ship during the proposed voyage?

Yes – how many? _____

No

4. Navigation and Communications

Q16. Tick which of the following navigation and communication equipment will be carried on board this vessel for the proposed voyage

MH/HF Radar VHF GPS Hand held VHF Call sign

Other: _____ MMSI No: _____

Q17. Who will be the shore-based and/or emergency contact(s) for the proposed voyage?

First Contact

Name: _____ Contact number: _____

Physical address: _____

Q17a. Second contact (optional)

Name: _____ Contact number: _____

Physical address: _____

5. Emergency Equipment

Q18. What emergency equipment will be carried on board this vessel for the proposed voyage?

Type of equipment (you can add in other equipment that is not listed in the blank rows)	Number	Description (eg make, model, buoyancy levels, capacity etc)
Survival craft		
Life buoys		
Line throwing appliance		
Distress flares		
Immersion suit		
Anti-exposure suit		

6. Manning

Q19. How will this vessel be crewed for the proposed voyage?

Proposed crew (you can add in other crew roles that are not listed in the blank rows)	Full name	Proposed number on board	Certificates
Master			
Engineer			
Watchkeeper			

7. Checklist

In order to process your application a copy of the following documents need to be provided to Maritime New Zealand:

- Voyage plan
- Certificate of Survey

8. Applicant Declaration

I declare that to the best of my knowledge and belief, the statements made and the information supplied in this form and the attachments are true, complete and correct. Should any of the information change within this application, I will notify Maritime New Zealand ahead of that change.

I understand that providing fraudulent, misleading or false information to Maritime New Zealand is an offence under section 406 of the Maritime Transport Act.

I authorise the collection by the Director of Maritime New Zealand or his/her delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge and compliance with transport safety regulatory requirements.

I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Maritime Transport Act 1994, or other such purpose permitted by law.

Applicant's name:

Signature:

Date:

9. Information Guide

Fees and Payment

Application fee

There is a fee for your application. This is charged at an hourly rate of \$245 (including GST). Refer to the MNZ website for more information about fees and how to pay:

www.maritimenz.govt.nz/fees

www.maritimenz.govt.nz/howtopay

Invoice

You will be invoiced once we have processed your application. A reference number and instructions explaining how to pay will be sent with the invoice

You need to specify the name and address if the operator is a group of individuals, or if you want the invoice made out to a different entity or individual.

Name to use on invoice

Postal address

City

Country

Postcode

Payment

Please tick to indicate how you want to pay the application fee:

Pay online using a credit or debit card

Internet banking or bank deposit

Where to send your application

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

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