

# Application to update an operator plan

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Last updated: June 2026

This document is uncontrolled if printed. Please refer to the Maritime NZ website for the latest version.

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## About this form

Use this form if you are making changes to your operator plan that Maritime NZ needs to know about.

You need to **notify** us about changes to the following:

- name of the operation or trading name
- contact details for the operator
- details for the main contact person
- details for the alternative contact person
- search and rescue contact details
- vessel(s) in the operation.

You need to **apply** for the Director's approval for changes to the following:

- the full name of the maritime transport operator
- people in position of responsibility, and/or areas of responsibility
- operational categories or activities
- primary harbours or ports.

## How to complete this form

To complete this application form, you need to provide all the information we require and:

- Complete Section 1 and any pages that specifically apply to the change(s) you are making.
- Complete and sign the declaration (Section 4).
- Complete and attach any additional documents you may need (for example, the *Fit and proper person* form).

# 1. Applicant details

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All applicants must complete this section.

## 1.1 Operator details

Operator ID

MTOC certificate number

Operator named on certificate

## 1.2 Contact person details (for this application)

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

Surname

Given name(s)

Mobile phone   
+64 22 987-6543

Alternative phone   
+64 9 123-4567

Email address

Postal address

City

Postcode

Preferred means of contact (tick one only)  Email  Phone  Post

## 2. Changes you must notify us about

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You need to notify us of any changes made to your operator plan listed in this section.

This includes changes to:

- 2.1 the name of your operation or trading name
- 2.2 the address and/or contact details of your operation
- 2.3 contact details for the main contact person or the alternative contact person
- 2.4 search and rescue contact details
- 2.5 vessel(s) in the operation

There are no fees for these changes.

### 2.1 Change in name of operation or trading name

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

Operation name  
(if different to trading name)

Trading name  
(if any)

## 2. Changes you must notify us about

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### 2.2 Change in operator address and/or contact details

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

Daytime phone

+64 9 234-5678

Alternative phone

+64 22 987-6543

Email address

Postal address

City and country

Postcode

Physical address  
for service

[Must be in New Zealand]

City

Postcode

## 2. Changes you must notify us about

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### 2.3 Change in main contact or alternative contact person details

Complete the following information if details of the operator's main contact or alternative contact person have changed.

#### Main contact

Only complete this section if the main contact person's details have changed.

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

Surname

Given name(s)

Mobile phone   
+64 22 987-6543

Alternative phone   
+64 9 123-4567

Email address

Postal address

City and country

Postcode

Is this person a search and rescue contact?  Yes  No

Preferred means of contact (tick one only)  Email  Phone  Post

## 2. Changes you must notify us about

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### Alternative contact person

Only complete this section if the alternative contact person's details have changed.

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

Surname

Given name(s)

Mobile phone

+64 22 987-6543

Alternative phone

+64 9 123-4567

Email address

Postal address

City and country

Postcode

Is this person a search and rescue contact?  Yes  No

Preferred means of contact (tick one only)  Email  Phone  Post

## 2. Changes you must notify us about

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### 2.4 Change in search and rescue contact details

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

**Note**

You do not need to give details for people already indicated as search and rescue contacts in Section 2.3.

#### Search and rescue contact 1

Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Mobile phone	<input type="text"/> <small>+64 22 987-6543</small>
Alternative phone	<input type="text"/> <small>+64 9 123-4567</small>
Email address	<input type="text"/>

#### Search and rescue contact 2

Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Mobile phone	<input type="text"/> <small>+64 22 987-6543</small>
Alternative phone	<input type="text"/> <small>+64 9 123-4567</small>
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(s).

Name 1	<input type="text"/>
Name 2	<input type="text"/>

## 2. Changes you must notify us about

### 2.5 Change of vessel(s) in operation

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

#### Note

You must notify Maritime NZ as soon as practicable after a vessel enters or exits your operation.

#### Provide details for the vessel(s) ENTERING your operation

		Vessels not owned by the operator Complete this column if the operator <b>does not</b> own the vessel
MNZ number	Ship name	Full (legal) name of vessel owner(s) (name of organisation, individual or group of individuals)
<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 vessel(s) LEAVING your operation

#### Note

If a vessel is leaving your operation, make sure you complete and submit the *Change of vessel status or ownership form* (MSF011).

		Vessels not owned by the operator Complete this column if the operator <b>does not</b> own the vessel
MNZ number	Ship name	Full (legal) name of vessel owner(s) (name of organisation, individual or group of individuals)
<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. Changes requiring Director-approval

Any changes made to your operator plan in this section need to be approved by the Director of Maritime NZ.

This includes changes to:

- 3.1 the full name of the maritime transport operator
- 3.2 people in positions of responsibility and/or areas of responsibility
- 3.3 operational categories or activities including the carriage of dangerous goods
- 3.4 primary harbours or ports

You will be charged a fee for these changes.

Refer to the Maritime NZ website for information about fees.

[www.maritimenz.govt.nz/fees](http://www.maritimenz.govt.nz/fees)

## Reason for change(s)

Briefly describe the reason(s) for making the change(s). You need to indicate what parts of the operator plan will be impacted (for example page or relevant section number). You will need to attach a copy of the relevant sections of your plan to this application.

### 3. Changes requiring Director-approval (continued)

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#### 3.1 Change in full name of the maritime transport operator

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

##### Note

This is the change in name of the *maritime transport operator*. This means the holder of the Maritime Transport Operator Certificate (MTOC) issued under Maritime Rules Part 19. Changes to the *name of the operation* or *trading name* can be made in Section 2.1.

This change has a fixed fee.

#### Name change

Please provide the new and previous full name of the maritime transport operator.

NEW full name of the  
maritime transport  
operator

PREVIOUS full name  
of the maritime  
transport operator

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

An organisation – for example,  
a registered company

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

An individual (or a group of  
individuals) – for example a sole  
trader

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

### 3. Changes requiring Director-approval (continued)

#### A. For organisations

Complete this section only if you are applying as an organisation.

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

Tick one only.

- |  |  |
|--|--|
| <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<br>(please specify)         | <input type="text"/>                                 |

#### Provide name and registry details for your operation

Entity name	<input type="text"/>		
	<small>[Legal name]</small>		
NZ registry number	<input type="text"/>		
	<small>[If any. For example, Companies office number or NZBN]</small>		
Trading name (if any)	<input type="text"/>		
Operation name	<input type="text"/>		
	<small>[If different to trading and entity name]</small>		
Contact number	<input type="text"/>	Alternative number	<input type="text"/>
	<small>+64-1 234-5678</small>		<small>+64-1 234-5678</small>
Company email (if applicable)	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>		
Country	<input type="text"/>		
Postcode	<input type="text"/>		

### 3. Changes requiring Director-approval (continued)

Physical address  
for service

[Must be in New Zealand]

City

Website

## B. 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 8).

Tick one only.

Individual(s)

Partnership (unincorporated)

Club (unincorporated)

Trust (unincorporated)

Other  
(please specify)

Trading name  
(if any)

Operation name  
(if different to 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 that exercises responsibilities must complete a *Fit and proper person* form and sign the declaration (Section 4). Remember to include these completed forms with this application.

### 3. Changes requiring Director-approval (continued)

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#### First individual

Title (tick one only)

Mr

Mrs

Miss

Ms

Other (please specify)

Surname

Given name(s)

Mobile phone

+64 22 987-6543

Alternative phone

+64 9 123-4567

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 update application

the alternative contact person for this MTOC update application

a search and rescue contact

Preferred means of  
contact (tick one only)

Email

Phone

Post

### 3. Changes requiring Director-approval (continued)

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#### Second individual

Title (tick one only)

Mr

Mrs

Miss

Ms

Other (please specify)

Surname

Given name(s)

Mobile phone

+64 22 987-6543

Alternative phone

+64 9 123-4567

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 update application

the alternative contact person for this MTOC update application

a search and rescue contact

Preferred means of  
contact (tick one only)

Email

Phone

Post

### 3. Changes requiring Director-approval (continued)

#### 3.2 Change in person (or people) in positions of responsibility and/or areas of responsibility

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 change in responsibilities.

This change is charged at an hourly rate.

##### 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). Provide a contact number for each person.

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

Full name of person(s)		Contact number	Area of responsibility			
Email			Maritime transport operation	Resourcing of maritime transport operation	Crew training & competency assessment	Operational decisions
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### Note

Each proposed new individual listed above, and any individual who has increased their responsibilities, must complete a *Fit and proper person* form. Remember to include the completed form(s) with this application.

If the individual listed above already holds a maritime or marine protection document, they will also need to provide a Ministry of Justice criminal record with their application.

For more information about the fit and proper person form and application process, refer to the Maritime NZ website.

[www.maritimenz.govt.nz/fit-and-proper](http://www.maritimenz.govt.nz/fit-and-proper)

The Ministry of Justice criminal record check can be completed on the Ministry of Justice website.

[www.justice.govt.nz](http://www.justice.govt.nz)

### 3. Changes requiring Director-approval (continued)

#### Departing or decreased responsibility

List the individual(s) in charge of each area of responsibility where responsibilities have decreased.

No fee applies for this change.

##### Note

If a person is being removed entirely (for example, has left the organisation), list them and leave all the tick boxes blank.

Tick the appropriate columns for each person listed here for responsibilities they are retaining (if any).

Full name of person(s)	Area of responsibility			
	Maritime transport operation	Resourcing of maritime transport operation	Crew training & competency assessment	Operational decisions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### Note

If the person being removed was also the main contact, alternative contact, or search and rescue contact, make sure you complete Sections 2.2 and 2.3 with the contact details of the new people.

### 3.3 Change in 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 your operation. If you are also removing categories and activities at the same time, this initial fee covers both.

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 addition of categories and activities to the operator plan may apply if the time required exceeds that allowed for in the initial fee.

### 3. Changes requiring Director-approval (continued)

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#### Change to vessel categories

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

If you operate under one category, write a 1 in the box next to the relevant category.

If you operate under two or more categories, rank your categories by writing a 1 next to your primary category and writing a 2 for your secondary category, 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)


#### Carriage of dangerous goods

The carriage of dangerous goods may require additional safe operating procedures.

Complete this section if:

- your change in activities means you now carry dangerous goods or have stopped carrying dangerous goods, or
- your activities have not changed, but you now carry dangerous goods or have stopped carrying dangerous goods

Tick one.

Vessels in my operation now carry dangerous goods as cargo

Vessels in my operation no longer carry dangerous goods as cargo

### 3. Changes requiring Director-approval (continued)

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#### 3.4 Change in primary harbours or ports

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 time, 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)

A primary harbour or port is the place from which you normally conduct your operation. Include the name and location of the harbour. For example, Port Nicholson, Wellington.

#### List the primary harbour(s) or port(s) from which you propose to **STOP** using (if any)

# 4. Declaration

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

**Note**

If the operator is a group of individuals then each individual listed in Section B of 3.1 *Change full name of operator* must sign and date this declaration. Print out and complete additional copies of this 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.

Your name

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.

Your name

Your position or role

Your signature

Date   
DD / MM / YYYY

#### 4. Declaration (continued)

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##### **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. The penalty for this offence in the case of a body corporate is a fine up to \$50,000.

##### **Privacy information**

Personal information collected in this form will be used for the purpose of assessing your application. Maritime NZ will not disclose personal information other than when permitted or required by law to do so.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact the Maritime NZ Privacy Officer at the email address below or phone 0508 22 55 22.

[Ministerial.services@maritimenz.govt.nz](mailto:Ministerial.services@maritimenz.govt.nz)

## 5. Fees and payment

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### Application fee

There are fees for changes that require approval from the Director of Maritime NZ (as noted in the form above). 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.

[www.maritimenz.govt.nz/fees](http://www.maritimenz.govt.nz/fees)

### 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 invoices.

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

Post code

You can pay:

- Online using a credit card or debit card, or
- By internet banking or bank deposit.

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

[www.maritimenz.govt.nz/howtopay](http://www.maritimenz.govt.nz/howtopay)

## 6. Where to send your application

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

If your application is incomplete, we will attempt to contact you to obtain the required information. If we are unable to reach you, we will return all your application documents to you.

### Note

Sending your application by email is preferred.

Remember any additional documents that are required (such as *Fit and proper person* forms and your operator plan) will need to be scanned and attached to the email. Make sure the scanned copies of your documents are legible and of good quality.

Email your application to (preferred option)

[operators@maritimenz.govt.nz](mailto:operators@maritimenz.govt.nz)

Or

Courier your application to

Regulatory Licensing – Operators  
Maritime New Zealand  
1 Grey Street  
Wellington 6011  
NEW ZEALAND

Or

Post your application to

Regulatory Licensing – Operators  
Maritime New Zealand  
PO Box 25620  
Wellington 6140  
NEW ZEALAND