

AIDS TO NAVIGATION (AtoN) – Application for the approval to install, alter or remove an AtoN (Form: MNZ16006)

MNZ Use Only – AtoN No.:

PLEASE COMPLETE ALL FIELDS IN THIS FORM. IF NOT APPLICABLE INSERT, N/A.

Refer to Form 16006 Help (on MNZ website) for assistance – www.maritimenz.govt.nz

Print, sign and forward with any attachments to: The Administrator, Technical Advice & Support, Maritime New Zealand

Post: PO Box 25 620, Wellington, 6146

Email: 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:

Aid to Navigation name: _____

Brief description: _____

Reason for application: _____

Type of aid to navigation:

Buoy (Floating)

Beacon (Non-floating)

Day Beacon (Not lit)

Other (please describe):

Proposed position (WGS84 datum): Use, Degrees/Minutes/Decimal Minutes.

Latitude South

_____ Degrees Minutes Decimal Minutes

Longitude East (or West)

_____ Degrees Minutes Decimal Minutes

Permanent / temporary:

Permanent (>12 months)

Temporary (Add approximate dates).

Details of Light:

No light – Continue to Details of Structure

Lights list number: (if allocated) _____

Light type:

Lateral

Cardinal

Lead

Sector

Transit

Isolated danger

Safe water

Special mark

Colour:

White

Green

Red

Yellow

Blue

Blue / Yellow

Other, please specify

Nominal range: _____

Character: _____

Character sequence: _____

Obscured arcs: _____

Sectored arcs: _____

Elevation of light:

(Above MHWS for non-floating)

Period of operation:

Night

Night and day

On demand

Details of structure:

Structure type:	Lighthouse	Buoy	Beacon	Other, please specify		
Category:	Lateral	Cardinal	Isolated danger	Safe water	Special mark	Other
Description:	_____					
Colour: (of structure, bands, stripes etc.)	_____					
Top mark shape:	Height of actual structure. (Buoy height or beacon height above MHWS or height from bottom to top).					metres

Details of Racon/AIS: (if applicable). *Contact; Radio Spectrum Management (RSM), rsmlicensing@mbie.govt.nz or, Tel: 0508 RSM INFO. (0508 776 463). Ask for an Aid to Navigation MMSI Number*

Racon character:

Racon type:	X-S Frequency Agile	X Band	S Band	No Racon
Racon range (Nm):	_____			
AIS – Type:	Type 1	Type 2	Type 3	
AIS - Status	Synthetic	Physical	Virtual	Mobile
MMSI number:	_____			
FATDMA slot allocated:	_____			
AIS name:	_____			
AIS type:	_____			
AIS elevation (metres):	_____		AIS range (nm):	_____

Other details:

List other details: (E.g. fog signal) _____

Estimated date for commencement of work: _____ **Estimated date for completion:** _____

Applicants name: _____

Applicant signature: _____ **Date:** _____

Harbourmasters name¹: _____

Harbourmasters signature: _____ **Date:** _____

Director’s approval: (MNZ use only)

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 approval of the Director of Maritime New Zealand.

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

MNZ approval No: _____ **MNZ File No:** _____

Expiry date of consent (before which the applicant must return the completed form MNZ 16006C)

I HEREBY approve this work specified in this application

_____	_____	_____	_____	_____
Name of 200(7) Delegation holder	Dated at Wellington on this day (day and date)	Of the month	Year	Signed

Date sent to Land Information New Zealand: (MNZ use only)

_____	_____	_____
Day	Month	Year

¹ Regional council authorised 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 report to MNZ when the work is completed by means of the Completion Form MNZ 16006C.