

Request for delegation of statutory powers

Last updated: November 2020

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

About this form

Use this form if you are a harbourmaster requesting or renewing a delegation of the Director's statutory powers under sections 48, 60A(2) and 200(7) of the Maritime Transport Act 1994 (MTA).

The assessment of applications for delegations of the Maritime NZ Director's powers takes four weeks at a minimum. The assessment process involves multiple government agencies. We advise you to factor in this assessment time when you submit your application.

Personal details

Title (tick only one)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="text"/>
	Other (please specify)				
Surname	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth	<input type="text"/>				
	DD / MM / YYYY				
Work phone	<input type="text"/>				
	Eg +64 1 234-5678				
Mobile phone	<input type="text"/>				
	Eg +64 21 123-4567				
Fax number	<input type="text"/>				
	Eg +64 1 234-6789				
Email address	<input type="text"/>				

Personal details (continued)

Postal or delivery address

City and country

Postcode

Preferred means of contact

(tick only one)

Email

Post

Phone

Fax

Purpose of your request

Specify which of the Director's statutory powers you are requesting to be delegated to you.

MTA section 48

The powers to set, conduct, and administer examinations and tests for the purposes of granting or renewing maritime documents.

MTA section 60A(2)

The power to direct that a pilot be taken on board a ship if in the circumstances the interests of navigation safety or marine environmental protection require a pilot on board.

MTA section 200(7)

The power to approve a person to erect or place a navigational aid, alter the character of a navigational aid, or alter or remove the position of a navigational aid.

Statements

Tell us briefly the reason for your request and explain your understanding of the actions this allows you to take:

Declaration of understanding

As a person holding a delegation of the Director’s powers, I understand that the statutory power under section 48 of the MTA can only be exercised in accordance with Maritime Rule 90.112.

Your signature

Sign here

Date

Checklist of information to attach

Attach CV or summary of qualifications (noting maritime experience in a decision making role).

Attach confirmation in writing from council or Department of Internal Affairs of proposed delegate’s appointment as harbourmaster.

Attach a copy of your Government issued photographic I.D. such as a driver licence or passport

Attach a statement showing your understanding of the Port’s safety systems relating to vessel passage and pilotage (including a brief description of the risk factors for the Port and harbor).

Where to send your application

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

Email your application to:

seafarers@maritimenz.govt.nz

Or

Courier your application to:

Seafarer Certification
Maritime New Zealand
Level 11,1 Grey Street
Wellington 6011 NEW
ZEALAND

Where to send your application (continued)

Or

Post your application to:

Seafarer Certification
Maritime New Zealand
PO Box 25620
Wellington 6140 NEW
ZEALAND

[Maritime NZ to complete the following section](#)

Maritime NZ's Technical Assessment

Scope of the assessment

Maritime NZ's technical assessment of the applicant's competency to exercise the statutory powers as requested:

Privacy information

Privacy information

Personal information collected in this form will be used for the purpose of assessing your application. Maritime NZ will use personal information collected in this form in accordance with our transparency statement available on the website here:

www.maritimenz.govt.nz/transparency-statement

MNZ will not disclose personal information other than when permitted or required by law to do so.

If you wish to access or correct personal information MNZ holds about you, please contact the MNZ Privacy Officer at PO Box 25620, Wellington 6140, or phone (04) 473 0111.