

Application for ICVMS Modification

Australian Fisheries Management Authority

This form is to be completed in full. AFMA may confirm information provided in this form during its assessment.

CONCESSION HOLDER DETAILS							
1.	Concession holder						
	Contact person						
2.	Contact numbers						
3.	Postal address						
		State	Postcode				
		oldic	1 0510000				
CON	CONCESSION AND VESSEL DETAILS						
4.	Vessel Name						
	Vessel type (e.g. trawler)						
	Vessel symbols						
5.	5. List all Concessions including fishery and expiry date (if applicable)						
C	Concession number of SFR	Fishery	Expiry date				

6. Vessei details continued		
Vessel length	Meters	
Hull type (e.g. timber)		
Vessel colour		
Power supply	volts	amps
Genset/ Alternator (please circle)	Yes / No	KVA
Engine type (inboard/ outboard)		
Battery capacity		
In Port shore based power (please circle)	Yes / No	
7. Characteristics of vessel structure Is the vessel fitted with a wheelhouse or console (please tick)? Size of the wheelhouse	Wheelhouse Cons	sole
Is the wheelhouse fully enclosed?	Please circle:	
	Yes / No	
If 'no' please describe further		
8. Please list all electronic equipment of etc.)	nboard your vessel (e.g. plotter, GPS	s, SAT phone, Radar, Fridge
		+

Briefly desc	cribe the limiting factors that have prompted you to seek an ICVMS modification for AFMA

To assist with the assessment AFMA requires you to provide a current side view photo of your vessel, showing the vessel distinguishing symbol. Please attach any other information to this form that you consider may assist in your application (e.g. advice from VMS technicians or other photographs). Photographs and supporting documents can be emailed to AFMA on vmsinfo@afma.gov.au.

DECLARATION I declare that I,	., am authorised by the concession			
holder for the nominated vessel	, with			
the distinguishing symbol	Every effort has been			
made to ensure all information provided is true and correct.				
Signature				
Date				
Note: It is an offence under s136.1(1) of the <i>Criminal Code Act 1995</i> to make a false or	misleading statement or omission.			

Once completed, send this form to AFMA by:

Fax: 02 6225 5440

Email: vmsinfo@afma.gov.au

Mail:

Data Processing Australian Fisheries Management Authority PO BOX 7051 CANBERRA BC ACT 2610