



## 1 Applicant Details

Name	Is this name a: (C)ompany* (P)artnership or (I)ndividual's Name?
Postal Address	ACN/ABN Number
State <span style="float:right">Post Code</span>	Country (If not Australia)
Street Address (If same as postal, write "As above")	Country (If not Australia)
State <span style="float:right">Post Code</span>	Country (If not Australia)
Phones	Country (If not Australia)
Business <input style="width:150px;" type="text"/>	Country (If not Australia)
Mobile <input style="width:150px;" type="text"/>	Country (If not Australia)
Fax <input style="width:150px;" type="text"/>	Country (If not Australia)
Main Contact Person	Country (If not Australia)
Title <input style="width:150px;" type="text"/>	Country (If not Australia)
First Name <input style="width:150px;" type="text"/>	Country (If not Australia)
Middle Initial <input style="width:150px;" type="text"/>	Country (If not Australia)
Surname <input style="width:150px;" type="text"/>	Country (If not Australia)
Position /Role	Country (If not Australia)

## 2 Boat Details - Attach a port side photograph of the boat

Name of Boat or No Boat		Main Engine Rating (KW)	
Distinguishing Symbol		Hull Material	
Length (LOA)		Home Port	
Tonnage		Place Where Built	
Breadth		Is the Boat Fitted with VMS	YES / NO
Name of Owner		If YES Immarsat Mobile No.	

## 3 Proposed Type Of Operation

Give a brief description of the nature of the scientific research to be undertaken and of the fishing equipment to be used.

## 4 Proposed Time Period

In the space provided nominate a desired time period for which you require the Scientific Permit.  
 (No more than 6 months)

Nominate a specific period by date

## 5 Proposed Area of Operation

If your research/activity is being undertaken within a Commonwealth Marine Reserve, you are required to hold an authorisation from the Director of National Parks. Please see the Commonwealth Marine Reserve webpage or contact [marinereserves@environment.gov.au](mailto:marinereserves@environment.gov.au) for more information.

In the space provided below, specify two lines of latitude which will indicate the northern and southern boundaries of your proposed operations

Northern-most Latitude	Degrees			Minutes			[Indicative only]
Southern-most Latitude	Degrees			Minutes			

In the space provided below, specify two lines of longitude which will indicate the eastern and western boundaries of your proposed operations

Eastern-most Longitude	Degrees			Minutes			[Indicative only]
Western-most Longitude	Degrees			Minutes			

## 6 Proposed Master

The following person is nominated as the Master of the boat described in section 2.

Name	<input type="text"/>	
Postal Address	<input type="text"/>	
	Post Code	
Contact Numbers	( ) <input type="text"/>	( ) <input type="text"/>

## 7 Declaration

Pursuant to sub-section 33(1) of the *Fisheries Management Act 1991* I/we, the applicant(s) of the boat described in section 2, authorising the use of that boat by me/us, or a person acting on my/our behalf, in the area of waters nominated in section 5 to undertake operations as described in section 3.

I/we, the applicant(s) whose name(s) appear(s) in section 1, declare that the information shown herein is, to the best of my/our knowledge, true and correct in every detail.

Signature(s) and Date	<input type="text"/>	Affix Company Seal
Printed Name(s) and Position Held in Company	<input type="text"/>	

NOTE: Applications made by partnerships are to be signed and dated by all partners. If signing on behalf of a company: (1) Two Directors, or (2) Director and Secretary, or (3) Sole Director must sign and state their position held under the signature.

**It is an offence, under the *Fisheries Management Act 1991*, for a person(s) to make a statement or furnish information in an application that is, to the knowledge of that person(s), false or misleading in any particular. This may lead to suspension of the fishing permit and/or 12 months imprisonment.**

### Application Fee

Fees may apply for this service. Please refer to the schedule of fee listed on the AFMA website: [www.afma.gov.au](http://www.afma.gov.au) or contact AFMA licensing on 1300 723 621

### Return Application To:

1. Australian Fisheries Management Authority  
PO Box 7051, Canberra BC, ACT 2610, or
2. Fax: 02 6225 5440, or
3. Email: [licensing@afma.gov.au](mailto:licensing@afma.gov.au)