



AIDS TO NAVIGATION: APPLICATION FOR DIRECTOR'S APPROVAL TO INSTALL, ALTER OR REMOVE AN AID TO NAVIGATION – MNZ 16006

PLEASE COMPLETE ALL APPLICABLE FIELDS IN THIS FORM. Refer to Form 16006 help (on website) for assistance.

Print, sign and forward with any attachments to:

The Senior Nautical Advisor, Maritime New Zealand

Post: PO Box 27-006, Wellington 6141. Fax: 04 494 1263. Email: operations@maritimenz.govt.nz

Phone: 04 473 0111 for any enquiries about this form.

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

Brief description: _____

Reason for application: _____

Type of aid to navigation:

Light Lit buoy Buoy Lit day beacon Day beacon AIS, Racon Other

Proposed position (WGS84 Datum):

Latitude ___ ° ___ ' ___ " South. Longitude ___ ° ___ ' ___ " East/West

Permanent or temporary

Permanent Temporary

Light list number: _____

Aid to navigation name: _____

DETAILS OF LIGHT

Lateral Cardinal Lead Sector Transit Isolated danger

Light type:

Safe water Special mark

Colour:

White White sectored Green Red Yellow Blue Blue/yellow

Nominal range: _____

Character: _____

Character sequence: _____

Obscured arcs: _____

Sectored arcs: _____

Elevation (metres): _____

Period of operation:

Night Night and day On demand

DETAILS OF STRUCTURE

Structure type: Light Buoy Day beacon Other

Category: Lateral Cardinal Isolated danger Safe water Special mark Other

Top-mark _____

Description: _____

Colour: _____

Elevation (metres): _____

DETAILS OF RACON/AIS

Racon character: _____

Racon type: X-S Frequency Agile X Band S Band

Racon range (Nm): _____

AIS – type: Type 1 Type 2 Type 3 Synthetic Virtual

MMSI number: _____

FATDMA slot allocated: (Type 1 and Type 2 devices)

AIS Message 21: Please provide proposed configuration on a separate sheet attached to this application.

List other AIS messages: _____

AIS elevation (metres): _____

AIS range (Nm): _____

OTHER DETAILS

List other details: _____

Estimated date for commencement of work: _____

Estimated date for completion of work: _____

APPLICANT SIGNATURE: _____ DATE: _____

REGIONAL COUNCIL / HARBOURMASTER SIGNATURE: ¹ _____ DATE: _____

DIRECTOR'S APPROVAL

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 sanction of the Director of Maritime New Zealand.
And
 Pursuant to section 443 of the Maritime Transport Act 1994 the power to sanction such erection, placement, alteration or removal has been delegated to me.

MNZ approval no: _____ **MNZ file number:** _____

I _____ **(Name)** Date at Wellington this _____ day of _____ 20__

of Maritime New Zealand HEREBY approve the work specified in this application subject to the following conditions (or as attached):

Expiry date of approval (before which applicant must return completed form MNZ16006C) _____ day of _____ 20__

DIRECTOR:

Notification of approved application sent to Land Information New Zealand: _____ day of _____ 20__

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 advise MNZ when the work is completed by means of the Completion Form MNZ16006C.