



Maritime Standards

APPLICATION FOR MNZ NUMBER/ SOP UNIQUE ID NUMBER (MSF013)

Advisory Notes: Application for an MNZ Number or a SOP Unique ID must be made on this form through your Surveyor or the appointed Authorised Person (AP). All items marked by an Asterisk * must be completed.

Vessel's Details					For MNZ use Only	
Application for Vessel in (please tick one) * MOSS <input type="checkbox"/> or SOP <input type="checkbox"/>						
Was vessel previously in SSM/SOP (Please tick one) * Yes <input type="checkbox"/> No <input type="checkbox"/>						
Surveyor / AP Name: *					MNZ Number	SOP Unique ID
	Vessel Name(s)	LOA *	kW *	Year of build *		
1						
2						
3						
Vessel Category: *				Vessel Type: *		

Owner Details - Vessel Owner as per Maritime Transport Act 1994 - This is the legal owner of the vessel. This could be the same as the Registered Owner if the vessel is registered. This could be the operator if it is a smaller business (e.g. Owner/Operator).

Is this the Vessel Owner as per Maritime Transport Act 1994 (refer page 3 example). Tick box if yes

Owner Name: *

_____ (first) _____ (middle) _____ (surname)

Postal Address: *

_____ Post *
Code: _____

Street Address: *

_____ Post *
Code: _____

Telephone Number: * _____ Mobile: * _____ Fax: _____

Email Address: _____

Operator Details - If applicable. This is the person/organisation that operates the vessel.

Is this the Vessel Owner as per Maritime Transport Act 1994 (refer page 3 example). Tick box if yes

Operator Name: *

_____ (first) _____ (middle) _____ (surname)

Postal Address: *

_____ Post Code: _____

Street Address: *

_____ Post Code: _____

Telephone Number: * _____ Mobile: * _____ Fax: _____

Email Address: * _____

Contact Person Details - *The contact person is someone who is responsible for the day to day operation of the vessel(s) the person responsible as the Fit & Proper Person for the operation*

Contact Person Name: *

Telephone Number: * _____ Mobile* _____ Fax _____

Postal Address: * _____

Fax Number: _____

Email Address: * _____

SAR Person Details - The SAR (Search and Rescue) person is a 24-hour contact in case of emergency. **This must be some one on shore** who is in contact with the vessel during its operation.

SAR Person Name: *

Telephone Number: _____ Mobile: _____

Registered Owner- *This only applies if the vessel is registered under the Ship Registration Act 1992. This is the owner as on the Certificate of Registry/Registration. Owners should be asked if the vessel is registered and if so the surveyor should sight the Certificate of Registry/Registration.*

Registered Owner Name: *

_____ (first) _____ (middle) _____ (surname)

Postal Address: * _____

Post Code: _____

Street Address: * _____

Post Code: _____

Telephone Number: _____ Mobile _____ Fax: _____

Email Address: _____

Visit Person Details - *The visit contact person is the person to contact when organising an appointment to visit the vessel*

Visit Person Name: *

Telephone Number: * _____ Mobile: _____

Email Address: _____

AUTHENTICATION

Name of Surveyor or Authorised Person: _____ Signed: _____

Please forward to email: operators@maritimenz.govt.nz or

Fax to: Operator Certification, Maritime New Zealand, 04 494 1263 or

Post to: Operator Certification, Maritime New Zealand, PO Box 25620, Wellington

Example for determining Vessel Owner

The vessel owner who is the owner on the Maritime Transport Operator Certificate (MTOC) is the person/organisation responsible for the safety of the vessel and pollution prevention. This could be the Registered Owner, Owner or Operator and can be delegated to a 'Contact/Delegated Person', as shown below.



