

Maritime Transport Operator Certificate application form

Last updated: July 2019

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

About this form

Use this form to apply for a Maritime Transport Operator Certificate (MTOC).

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For help with this application form, refer to Applying for a Maritime Transport Operator Certificate on the Maritime NZ website:

maritimenz.govt.nz/moss

Form introduction (continued)

To complete your MTOC application you will need:

- your completed MTOC application form (including the signed declaration(s))
- your operator plan (with all of the extra requirements included)
- completed *Fit and proper person* and *Consent to disclosure* forms for appropriate personnel.

You must complete this form correctly for your application to be processed.

Note: Print and complete extra pages to list more individuals, primary harbours and ports, vessels, responsible people and authorised persons, than is currently allowed for. Remember to include these extra pages when you send your application to Maritime New Zealand.

1. Operator (applicant) details

Do you operate as an individual (or a group of individuals), or an organisation?

Which type of operator are you?

An individual (or a group of individuals)

If you tick this box, go to 1A below and ignore 1B

An organisation

If you tick this box, go to 1B (page 6) and ignore 1A

1A. For individuals and groups of individuals

Complete this section only if you are an individual operator or you operate as a group of individuals.

Choose only one operator type from the following list. If your operator type is not included here, go to section 1B (page 6) or refer to *Applying for a Maritime Transport Operator Certificate* on the Maritime NZ website:

maritimenz.govt.nz/moss

Individual(s)

Partnership (unincorporated)

Club (unincorporated)

Trust (unincorporated)

Other

(please specify)

Trading name

(if any)

Operation name

(if different than trading name)

If you operate as an unincorporated group of individuals, list each individual and their contact details below. Alternatively, if you are an owner-operator, only list yourself and your contact details.

Each individual listed below must complete a 'Fit and proper person' and 'Consent to disclosure' form and sign the declaration (refer to 8: Declaration). Remember to send the completed forms to Maritime New Zealand.

Print, and complete extra pages if you need to list more than two individuals below.

1. Operator details (continued)

1st individual

Title (tick only one)

Mr

Mrs

Ms

Other (please specify)

Surname

Given name(s)

Phone

Day time

EG +64 1 234 5678

Phone

After hours

EG +64 1 234 5678

Mobile phone

EG +64 21 234 567

Fax

EG +64 1 234 5678

Email address

Postal address

City

Country

Post code

Physical address
for service

Must be in NZ

City

Website

This person is
(tick as many
as apply)

Main contact for this
MTOC application

Alternative contact
person for this
application

Search and rescue
contact

Preferred means of
contact
(tick only one)

Email

Post

Phone

Fax

1. Operator details (continued)

2nd individual

Title (tick only one)

Mr

Mrs

Ms

Other (please specify)

Surname

Given name(s)

Phone

Day time

EG +64 1 234 5678

Phone

After hours

EG +64 1 234 5678

Mobile phone

EG +64 21 234 567

Fax

EG +64 1 234 5678

Email address

Postal address

City

Country

Post code

Physical address
for service

Must be in NZ

City

Website

This person is
(tick as many
as apply)

Main contact for this
MTOC application

Alternative contact
person for this
application

Search and rescue
contact

Preferred means of
contact
(tick only one)

Email

Post

Phone

Fax

1. Operator details (continued)

1B. For organisations

This section is only for organisations to complete.

Choose only one operator type from the following list. If your operator type is not included here, go to section 1A (page 3) or refer to *Applying for a Maritime Transport Operator Certificate* on the Maritime NZ website:

maritimenz.govt.nz/moss

<input type="checkbox"/> NZ registered company	<input type="checkbox"/> Limited partnership
<input type="checkbox"/> Government department or ministry	<input type="checkbox"/> Local or regional authority
<input type="checkbox"/> Crown entity	<input type="checkbox"/> Charitable trust
<input type="checkbox"/> Overseas registered company	<input type="checkbox"/> incorporated society
<input type="checkbox"/> Industrial or provident society	
<input type="checkbox"/> Other (please specify)	<input type="text"/>

Provide name and registry details for your operation

Entity name (legal name)	<input type="text"/>		
NZ registry number (if any)	<input type="text"/>		
Trading name (if any)	<input type="text"/>		
Operation name (if different to trading and entity name)	<input type="text"/>		
Phone Day time	<input type="text"/> EG +64 1 234 5678	Phone After hours	<input type="text"/> EG +64 1 234 5678
Postal address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>		
Country	<input type="text"/>		
Post code	<input type="text"/>		

1. Operator details (continued)

Physical address for service
(must be in New Zealand)

City

Website

2. Contact people for this application

Give the details of the contact people within your operation for this MTOC application.

If in section 1A (page 3), you have already indicated who the main and alternative contact people are, you do not need to repeat those details here.

Main contact person

Title (tick only one)

Mr

Mrs

Miss

Ms

Other (please specify)

Surname

Given name(s)

Position title

Phone

Day time

EG +64 1 234 5678

Phone

After hours

EG +64 1 234 5678

Mobile phone

EG +64 21 234 567

Fax

EG +64 1 234 5678

Email address

Postal address

City

Country

Post code

Is this person a search and rescue contact?

Yes

No

Preferred means of contact (tick only one)

Email

Post

Phone

Fax

2. Contact people for this application (continued)

Alternative contact person (if any)

Title (tick only one)

Mr

Mrs

Miss

Ms

Other (please specify)

Surname

Given

name(s)

Position

title

Phone

Day time

EG +64 1 234 5678

Phone

After
hours

EG +64 1 234 5678

Mobile phone

EG +64 21 234 567

Fax

EG +64 1 234 5678

Email address

Postal address

City

Country

Post code

Is this person a
search and rescue
contact?

Yes

No

Preferred means of
contact
(tick only one)

Email

Post

Phone

Fax

3. Search and rescue contacts

Provide search and rescue contact details for the shore-based personnel who are responsible for managing trip reports and emergency response for your operation.

You do not need to repeat the details of people who you have already indicated above are search and rescue contacts.

This information must be consistent with what you have written in your operator plan.

1st search and rescue contact

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Phone Day time	<input type="text"/> Eg +64 1 234-5678	Phone After hours	<input type="text"/> Eg +64 1 234-5678
Mobile phone	<input type="text"/> Eg +64 21 123-4567	Fax	<input type="text"/> Eg +64 21 123-4567
Email address	<input type="text"/>		

2nd search and rescue contact

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Phone Day time	<input type="text"/> Eg +64 1 234-5678	Phone After hours	<input type="text"/> Eg +64 1 234-5678
Mobile phone	<input type="text"/> Eg +64 21 123-4567	Fax	<input type="text"/> Eg +64 21 123-4567
Email address	<input type="text"/>		

4. Areas of responsibility

List the people in your operation who are responsible for the following areas:

1. the maritime transport operation
2. resourcing the maritime transport operation
3. crew training and competency assessments
4. operational decisions.

An individual can have multiple responsibilities or share responsibilities. Owner-operators are likely to have authority over all four areas.

Every person you list below must be named in your operator plan and be a 'fit and proper' person.

Maritime New Zealand needs to see the *Fit and proper person* and *Consent to disclosure* forms for each person you list.

Send these forms in with your MTOC application. Your MTOC application cannot be processed without these forms.

For more information about these areas of responsibility, go to *Applying for a Maritime Transport Operator Certificate* on the Maritime NZ website:
maritimenz.govt.nz/moss

Full name of person(s) responsible <small>(Tick the appropriate column(s) for each person listed here)</small>	Area of responsibility			
	Maritime transport operation	Resourcing of maritime transport operation	Crew training & competency assessments	Operational decisions
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Operation details

Your safety system needs to be appropriate for the hazards and safety risks of your operation and these will be influenced by the activities you perform and industries in which you operate.

The list of activities that your operation is involved in will be taken from your operator plan. Choose the appropriate activities for your operation from the 'Common maritime activities' list in the *Guidance for operators who need to develop a Maritime Transport Operator Plan*. This list is on the Maritime NZ website.

maritimenz.govt.nz

5.1 Operation category

Indicate all of the vessel categories that apply to your operation.

If you operate under two or more categories, rather than ticking the boxes, indicate your primary category by writing a 1, write 2 for secondary, etc.

- | | |
|---|---|
| <input type="checkbox"/> Passenger ship | <input type="checkbox"/> Non-passenger ship |
| <input type="checkbox"/> Fishing ship | <input type="checkbox"/> Sailing ship |

5.2 Your industries

Tick all of the industries in which your operation is involved.

- | | |
|--|---|
| <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Maritime sporting events |
| <input type="checkbox"/> Charter services | <input type="checkbox"/> NZ transport service |
| <input type="checkbox"/> Commercial diving | <input type="checkbox"/> Offshore fishing |
| <input type="checkbox"/> Emergency response | <input type="checkbox"/> Offshore oil and gas |
| <input type="checkbox"/> Engineering/construction | <input type="checkbox"/> Regulatory |
| <input type="checkbox"/> Foreign transport service | <input type="checkbox"/> Research |
| <input type="checkbox"/> Harbour and port | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Inshore fishing | <input type="checkbox"/> Training schools |
| <input type="checkbox"/> Luxury lifestyle | Other <input type="text"/> |

5. Operation details (continued)

5.3 Dangerous goods

Vessels carrying dangerous goods as cargo may need extra procedures or processes.

Do any of your vessels carry dangerous goods as cargo? Yes No

5.4 Primary harbour or port

List the primary harbour(s) or port(s) from which you conduct your operation.

Primary harbours or
ports

(A harbour or port includes any
place from which you launch a
vessel)

6. Vessels and their ownership

Provide details for all of the vessels used in your operation and indicate the ones that you do not own.

		Vessels not owned by the operator
		Only complete this column if the operator does not own the vessel.
MNZ number	Ship name	Full (legal name of vessel owner(s) <small>(name of organization, individual or group of individuals)</small>

7. Declaration

The appropriate person (or people) needs to sign this declaration for your application to be valid.

The number of authorised people required to sign this declaration depends on your operation. Print, and complete extra 'authorised person' pages if necessary.

If the operator is a group of individuals then each individual listed in section 1A (see page 3) must sign and date this declaration. Use extra copies of this page if necessary.

1st authorised person

As the applicant or the individual legally authorised to represent the applicant, I declare that the applicant will comply, and ensure compliance, with the policies and procedures set out in the Maritime transport operator plan.

Title (tick only one) Mr Mrs Miss Ms
Other (please specify)

Surname

Given name(s)

Position title

Your signature Date
DD / MM / YYYY

2nd authorised person

As the applicant or the individual legally authorised to represent the applicant, I declare that the applicant will comply, and ensure compliance, with the policies and procedures set out in the Maritime transport operator plan.

Title (tick only one) Mr Mrs Miss Ms
Other (please specify)

Surname

Given name(s)

Position title

Your signature Date
DD / MM / YYYY

8. Fees and payment

Application fee

There is a fee for your application. There are two types of fees to pay – a one-off application fee and an additional fee based on hourly rates.

You can pay:

- online using a credit card or debit card, or
- by internet banking or bank deposit.

Refer to the Maritime NZ website for more information about fees and how to pay:

maritimenz.govt.nz/fees

maritimenz.govt.nz/howtopay

Invoice

You will be invoiced for the application fee once we have formally received your application. A second invoice will be sent to cover any additional charges at the hourly rate once we have processed your application. A reference number and instructions explaining how to pay will be sent with the invoices.

You need to specify the name and address if the operator is a group of individuals, or if you want the invoice made out to a different entity or individual.

Name to use on invoice

Postal address

City

Country

Postcode

9. Where to send your application

Send your completed form and the other required documents to Maritime New Zealand by email, courier or post.

Sending your application by email is preferred. Remember to sign the, *Fit and proper person*, *Consent to disclosure* and *MTOC application* forms before scanning and attaching to the email along with your other documents.

Email your application to:

operators@maritimenz.govt.nz

Or

Courier your application to:

Operator Certification
Maritime New Zealand
1 Grey Street
Wellington 6011
NEW ZEALAND

Or

Post your application to:

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