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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | |
| This form is to be completed in full. The Australian Fisheries Management Authority (AFMA) may confirm information provided in this form during its assessment. | | | | | | | | | | | | | | |
| Application details | | | | | | | | | | | | | | |
| Approved operator name | | | |  | | | | | | | | | | |
| Mobile: | |  | | | | | Phone | | | Home/business | | | | |
| **Email** | |  | | | | | | | | | | | | |
| **Postal address** | |  | | | | | **State** | | |  | | | | |
| **Postcode** | | |  | | | | |
| Vessel and licence details | | | | | | | | | | | | | | |
| **Vessel name** | |  | | | | | | | **Vessel registration** | | |  | | |
| **Fishery** | |  | | | | | | | **Licence number** | | |  | | |
| Temporary switch off details | | | | | | | | | | | | | | |
| Please provide the following details for the period for which a VMS temporary switch off (TSO) is sought: | | | | | | | | | | | | | | |
| Switch off date | | dd/mm/yy | | | | | | Switch on date | | | dd/mm/yy | | | |
| **Location of vessel during this period:** | | | | |  | | | | | | | | | |
| Please provide the reason you are applying for a VMS temporary switch off: | | | | | | | | | | | | | | |
| * The vessel is undergoing maintenance or repair-type activity and electrical equipment on board the vessel will be shut down | | | | | | | | | | | | | | Yes/No |
| * The vessel is not undertaking any fishing activity for an extended period because it: | | | | | | | | | | | | | | |
| * is in a berth in port | | | | | | | | | | | | | | Yes/No |
| * is stored at a residential premises | | | | | | | | | | | | | | Yes/No |
| * is not operating due to a seasonal closure | | | | | | | | | | | | | | Yes/No |
| **Terms and conditions** | | | | | | | | | | | | | | |
| Filling in this application does not constitute approval to switch off the VMS unit. The following terms and conditions will only apply to a TSO issued by AFMA. If the VMS unit is not operating continuously without a TSO being issued then the licensee may be held liable.   1. The vessel must remain at the location specified for the duration of the TSO unless you have contacted AFMA (see contacting AFMA below) and received confirmation that the vessel is to be moved. This must be done prior to moving the vessel. 2. Your TSO will expire when one of the following occurs:    1. the negotiated period expires    2. the vessel leaves the specified location    3. or a new TSO is issued by AFMA in place of the current one. 3. Before the end of the TSO period you must:    1. switch the VMS unit back on and contact AFMA to verify that it is polling    2. or contact AFMA and arrange a new TSO if more time is needed before the VMS unit is fully operational. | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | |
| By signing this application you:   * declare this information is true and correct * hereby agree to the terms and conditions stated in this application * are the approved operator or a person that has the authorisation to make decisions for the nominated licence stated in this application. | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | |
| **Signature** | | |  | | | **Date** | | | | | | | dd/mm/yy | |
| How to submit On completion, send this application form to AFMA by:  Email: [ausvms@afma.gov.au](mailto:ausvms@afma.gov.au)  Fax: [02 6225 5440](tel:0262255440)  Post: AUSVMS, AFMA PO Box 7051 CANBERRA BC ACT 2610 Contacts Phone: [02 6225 5369](tel:0262255369)  [1300 723 621.](tel:1300723621)  If you are prompted to leave a voice message, please leave details as requested. | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | |