## Amateur-fishing Charter Vessel Operator Approved User application



A Operator details	Operator Number	
		Post code
B Approved User details		
An Approved User may log on to the Charter Vessel website to:  • Apply to list a vessel  • Add or remove skipper / guides  • Add or remove contact people  • Update contact details  • Re-list as an Operator	First or given name(s)  Preferred name	Surname or family name  Date of Birth
Banned Person Please indicate whether or not this person is currently banned from amateur / recreational fishing by a NZ court	Banned Person  Yes  No	
C All Approved Users must	t provide the following communicat	ion details
Note: If a telephone number, email of but can simply tick the box beside that	r postal address is the same as that provided for t field.	the Operator, you don't need to enter it in again
Please provide at least one telephone number and an email address. If the field is the same as that recorded in the Operators listing details then simply place a tick in the box adjacent to the field.	Daytime telephone number	After hours telephone number
	Mobile	Email
Postal Address Please provide a postal address. If this is the same as the postal address recorded in	Postal Address (number, street, suburb, city, postcode)	
the Operators listing details then simply place a tick in the box.		Post Code

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All Approved Users m	iust provide proof of identification details		
	A photocopy of one of the following is included as proof of identity for the	he approved user	
Please indicate which of these forms of identification is included.	Birth Certificate Passport Drivers Lic	cence	
To allow for a secure login to be provided	Security question		
please enter a question and answer known only to the Approved user.			
	Answer		
E All Approved Users n	I, the approved user, have read and understood the "Collection of the end of this form	of Personal Information" at	
		/ /	
	Signature	Date	
<b>Declaration</b>			
Have you used additional page	es? No Yes Total number of add	ditional pages	
All Applicants must provid	le the following declaration		
Declaration	I declare that:		
	<ul> <li>The information I have given on this application is true and correct;</li> <li>I am authorised to provide this information and make this declaration;</li> </ul>		
	<ul> <li>I am aware it is an offence to knowingly provide false or misleading information or omit any material information to obtain a benefit under the Fisheries Act 1996;</li> </ul>		
	<ul> <li>I understand the applicant is required to notify FINNZ if there are any changes in the particulars I have provided in this application form;</li> </ul>		
	I have read and understood the "Collection of Personal Info	ormation" details supplied with this	

If there are more signatories than space provided make further declarations on a copy of this page.

Full Legal Name (Please PRINT)	Position	Signature	Date
			/ /
			/ /
			/ /

## **Privacy Act 2020 - Collection of Personal Information**

Your personal information is being collected to enable your application to be processed.

The agency collecting and holding this information is FishServe Innovations New Zealand Limited (FINNZ), PO Box 24441, Wellington, 6140. The collection of this information is required under section 53(3) of the Fisheries (Amateur Fishing) Regulations 2013. It is not mandatory that you supply this information, but your application may not be processed if you do not provide all the information requested on this form. You have the right to access and correct your personal information.