

# Amateur-fishing Charter Vessel Operator Personnel application



Fisheries New Zealand

Tini a Tangaroa

## A Operator details

Operator Number

Full legal name

Postal Address

  

Post code

## B Personnel details

What is the role of this person?

Contact Person

and / or

Skipper / Guide

Complete the following if you are nominating a Contact Person

Aspects of your organisation's activity for which this person will be a contact:

All

Listing

Finance

Returns

## C All personnel must provide the following identification details

First or given name(s)

Surname or family name

Preferred 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

## D All personnel must provide the following communication details

*Note: If a telephone number, email or postal address is the same as that provided for the Operator, you don't need to enter it in again but can simply tick the box beside that field.*

Please provide at least one telephone number. 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 the Operators listing details then simply place a tick in the box.

Postal Address (number, street, suburb, city, postcode)

	<input type="checkbox"/>
	Post code

**E All personnel must complete the following declaration**

I have read and understood the "Collection of Personal Information" explanation at the end of this form

	/ /
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Signature

Date

**F Declaration**

Have you used additional pages?

No

Yes



Total number of additional pages

**All Applicants must provide the following declaration**

**Declaration**

**I declare that:**

- The information I have given on this application is true and correct;
- I am authorised to provide this information and make this declaration;
- 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;
- I understand the applicant is required to notify FINNZ if there are any changes in the particulars I have provided in this application form;
- I have read and understood the "Collection of Personal Information" details supplied with this form;

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
			/ /
			/ /
			/ /

**Collection of Personal Information**

In regard to any information being collected on this form that is personal information:

- This information is being collected for purposes relating to the management of fisheries resources in accordance with the Fisheries Act 1996
- The agency that will collect and hold this information is FINNZ (PO Box 24441, Wellington, 6140)
- The collection of this information is mandatory under the Fisheries (Amateur Fishing) Regulations 1986
- It is an offence under the Fisheries Act 1996 and the Fisheries (Amateur Fishing) Regulations 1986 to neglect or refuse to supply the information required, to fail to complete and furnish any of the required information, to make a false or misleading statement or entry of information
- You are reminded that under the Privacy Act 1993, you have the right of access to, and correction of, any personal information which has been provided.