



*Fisheries Management Act 1994*  
*Cl. 158 Fisheries Management (General) Regulation 2002*

## Application for Transfer of a Fishing Boat Licence

<b>Office Use Only</b>
INW ...../...../.....
Transaction No: _____
Date processed: ___/___/___
Application receipted regionally to GL a/c 30333

*This form is to be used by a fishing boat licence holder who proposes to transfer a right to a fishing boat licence. This form is to be completed in full. A cheque should be enclosed with this application for payment of the associated fee. Alternatively you may make payment of the associated fee at your local regional office. Please see the Schedule of Fees for more information.*

**Fees for the current financial year for the Fishing Boat Licence must be paid prior to the transfer being approved.**

Post completed application forms to: 'The Manager, Fisheries Business Services, NSW DPI, PO Box 21 Cronulla NSW 2230'.

For assistance completing this form, please call **1300 720 662**.

### BOAT LICENCE DETAILS:

LIN number:  LFB number:  Boat Name:

Does the fishing boat licence currently have a physical boat attached?  Yes  No

If yes, is the physical boat transferring with the fishing boat licence?  Yes  No

### TRANSFEROR DETAILS:

Name(s):

Owner Registration Number:

Phone:  Mobile Ph:  Fax:

Email:

### DECLARATION BY TRANSFEROR

I/We declare that

1. the fees for the whole of the current financial year have been paid for the boat licence being transferred.
2. the current fishing boat licence card is enclosed.

**If the fishing boat licence is jointly owned, all parties must sign:**

Transferor's Name(s):

Company Position (if applicable):

Signature(s):

Date:

**TRANSFEREE DETAILS:**

<b>Name(s):</b>	<input type="text"/>		
<b>Fisher Registration Number: (if applicable)</b>	<input type="text"/>	<b>ABN: (if applicable)</b>	<input type="text"/>
<b>Residential address:</b>	<input type="text"/>		
	<b>Postcode:</b>		
<b>Postal address: (if different from above)</b>	<input type="text"/>		
	<b>Postcode:</b>		
<b>Phone:</b>	<input type="text"/>	<b>Mobile Ph:</b>	<input type="text"/>
		<b>Fax:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>		

**DECLARATION BY TRANSFEREE**

**I/We declare that (Please circle where required):**

- a) I **do / do not** have a professional relationship with NSW Department of Primary Industries either as an employee of the Department, or as a contractor to NSW Department of Primary Industries either through my business or as a subcontractor.
- b) the information provided in this application is true and correct in every detail.

**If this is a joint application, all applicants must sign:**

Transferee's Name(s):	<input type="text"/>
Company Position (if applicable):	<input type="text"/>
Signature(s):	<input type="text"/>
Date:	<input type="text"/>

**Please Note:** Providing false or misleading information may result in suspension or cancellation of a licence.

**IMPORTANT INFORMATION****Partnerships**

If the applicant is a partnership, all partners must sign the application. If a company, the application must be signed by someone with authority to sign on behalf of the company, and the signatory's full name and company position held must be included.

**Company extract**

If the licence is to be held by a company, a copy of the current (dated within 30 days of this application) company extract issued by the Australian Securities and Investment Commission must accompany this application.

**Enquiries**

For assistance in completing this form or for further information concerning the application process, please contact NSW Department of Primary Industries, Fisheries Business Services on **1300 720 662** between 8.30am and 4.30pm Monday to Friday (excluding public holidays).

**Privacy information:** The personal information provided by you on this application form is being collected by NSW DPI for the purposes of assessing your application and administering the *Fisheries Management Act 1994*. It may be disclosed to other government agencies for that purpose or a related purpose. The information you provide in this form is given voluntarily to support your application. Information provided by you will be held by NSW DPI and you have the right to request access to and to correct this information by contacting the NSW DPI Privacy Officer on (02) 9527 8453.