This form is to be used to seek a declaration under section 19(1C) of the Seafarers Rehabilitation and Compensation Act 1992 and section 6(3AB) of the Occupational Health and Safety (Maritime Industry) Act 1993 that those Acts apply to a ship.

1. Applicant—employer

Name
ACN/ABN
Postal address
Contact person
Email
Telephone
Fax

2. Applicant—operator (if different from employer)

Name
ACN/ABN
Postal address
Contact person
Email
Telephone
Fax

4. Ship

Name
IMO
Owner

DECLARATION THAT SEACARE LEGISLATION APPLIES TO A SHIP
4. **Period of Declaration**
State the specific period (if any) for which the declaration is sought.

5. **Prescribed ship**
(a) Explain how the ship is a ship to which Part II of the Navigation Act 1912 would apply if that Act had not been repealed.

(b) Is the ship self-propelled?  □ Yes  □ No
(c) Is the ship a Government ship?  □ Yes  □ No

**Answer either 6 or 7**

6. **Off-shore industry vessel**
State how the ship would come within the definition of “off-shore industry vessel” in section 8(4) of the Navigation Act 1912 if that Act had not been repealed.

7. **Trading ship**
(a) State how the ship would come within the definition of “trading ship” in section 6(1) of the Navigation Act 1912 if that Act had not been repealed.

(b) Specify (tick) the types of trade or commerce that the ship is engaged in:
- □ between Australia and places outside Australia
- □ between 2 places outside Australia
- □ among the States
- □ within a Territory
- □ between a State and a Territory
- □ between 2 Territories
8. Reason for application

State why the application is being made

9. How to submit this form

After completing this form, please send it to:

Seacare Authority
GPO Box 9905
CANBERRA ACT 2601

Alternatively you may wish to send a scanned completed copy of the form to: seacare@comcare.gov.au.

10. Additional information

For additional information about declarations under the Acts, please refer to the Seacare Authority Declaration Guidelines.