



Australian Government

**Seafarers Safety, Rehabilitation
and Compensation Authority**

DECLARATION THAT SEACARE LEGISLATION APPLIES TO A SHIP

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	<input type="text"/>
ACN/ABN	<input type="text"/>
Postal address	<input type="text"/>
Contact person	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>

2. Applicant—operator (if different from employer)

Name	<input type="text"/>
ACN/ABN	<input type="text"/>
Postal address	<input type="text"/>
Contact person	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>

4. Ship

Name	<input type="text"/>
IMO	<input type="text"/>
Owner	<input type="text"/>

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(a) Explain how the ship is a ship to which Part II of the Navigation Act 1912 would apply if that Act had not been repealed.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the definition of "off-shore industry vessel" in section 8(4) of the *Navigation Act 1912* if that Act had not been repealed.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would come within the definition of "trading ship" in section 6(1) of the Navigation Act 1912 if that Act had not been repealed.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.