



**Australian Government**

**Seafarers Safety, Rehabilitation  
and Compensation Authority**

# DECLARATION THAT SEACARE LEGISLATION DOES NOT APPLY TO A SHIP

This form is to be used to seek a declaration under section 19(1D) of the *Seafarers Rehabilitation and Compensation Act 1992* and section 6(3AC) of the *Occupational Health and Safety (Maritime Industry) Act 1993* that those Acts do not 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. Existing declaration

Provide details (below) or attach evidence of the declaration by the Australian Maritime Safety Authority or the Seacare Authority that had the effect that the *Seafarers Rehabilitation and Compensation Act 1992* and the *Occupational Health and Safety (Maritime Industry) Act 1993* do apply to the ship, e.g. details of a declaration under section 8A or 8AA of the Navigation Act 1912.

#### 5. Reason for application

State why the application is being made

#### 6. 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](mailto:seacare@comcare.gov.au).

#### 7. Additional information

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