



**Australian Government**  
**Seafarers Safety, Rehabilitation  
and Compensation Authority**

# SEACARE AUTHORITY BERTHS AND LEVY RETURN

*Seafarers Rehabilitation and Compensation Levy Collection Act 1992*  
(Levy Collection Act)

*Seafarers Rehabilitation and Compensation Levy Collection Regulations 2019*  
(Levy Collection Regulations)

Section 6 of the Levy Collection Act provides that an employer must provide a Return containing ship berths information to the person prescribed by the Levy Collection Regulations, within 14 days of the beginning of each quarter.

The person prescribed by the Regulations is the Seacare Authority.

The Levy Collection Regulations also require that additional information on levy payments be provided with the Return.

Parts A and B of this form comprise the Return under the Levy Collection Act. Part C is the additional information required by the Levy Collection Regulations.

All parts of this form should be completed and sent to the Seacare Authority by:

POST - **Seacare Authority**  
**GPO Box 9905**  
**CANBERRA ACT 2601**

or

FAX - **02 6275 0067**

or

EMAIL - **[seacare@comcare.gov.au](mailto:seacare@comcare.gov.au)**



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# SEACARE AUTHORITY BERTHS AND LEVY RETURN

**Return – Part A – Employer Details**

Name of employer

Contact person

Phone  Fax

Email

Date of return  /  /  Financial year

Quarter  Quarter 1 (Jul-Sept)  Quarter 2 (Oct-Dec)  Quarter 3 (Jan-Mar)  Quarter 4 (Apr-Jun)

**Return – Part B – Statement of Ship Berths Details**

Please provide a statement of details of the number of seafarer berths on each prescribed ship at the first day of the quarter and the total number of berths on all ship/s operated by your company.

Ship name	Number of berths
<b>TOTAL BERTHS</b>	

*Please attach berth details for all additional ships. If required attach additional details to this form.*

**Additional information required – Part C – Levy Payment Details**

(a) Total amount of levy paid this quarter: (Total berths  x \$50) \$

(b) Method of payment

Direct debit  (Payable to: Seacare Authority BSB: 062 987 ACCOUNT: 10003681)  
 Note: Please include an employer identifier – eg Employer ABN

By cheque  (Payable to: Comcare – Seacare )

(c) Date of payment  /  /20

(d) Employer ABN