

TRANSPORT SAFETY APPLICATION FOR EXTENSION OF SURVEY

- Note:**
- The application fee of 35 revenue Units is to be paid when submitting this application. 1 Revenue Unit = \$1.00
 - Maximum extension for validity of Certificates of Survey (COS) and annual survey date is 3 months.
 - An additional fee of 46 Revenue Units (per certificate), is applicable if a new COS is required.
 - NT certificates issued in **recognition** of other Marine Authority's certificates **cannot** be extended by the NT.

Name of Vessel:			
Owners Name:		ABN number:	
Owners Address:			
Contact Name:			
Contact Nos.	(BH)	(FAX)	Mobile
Email:			

Please indicate type of extension required:	Extension Date Req'd	Office Use Only – Extend to:
<input type="checkbox"/> Validity of COS No(s)(see Note 3 above)/...../.....	
<input type="checkbox"/> Annual survey (see Note 3 above)/...../.....	
<input type="checkbox"/> Hull Survey/...../.....	
<input type="checkbox"/> Liferaft Service/...../.....	
<input type="checkbox"/> Shaft Survey/...../.....	
<input type="checkbox"/> Radio Survey/...../.....	
<input type="checkbox"/> Condition No..... on COS No(s)/...../.....	
<input type="checkbox"/> Compass adjustment – I declare that:- 1. The vessel has not undergone any repairs or alterations that may affect the accuracy of the compass since the last compass adjustment; and 2. I am not aware of any significant variations to the deviations shown on the existing compass adjuster's deviation card <i>Note: Alterations and modifications that may affect the compass deviation include addition or removal of electronic/electrical equipment and steel structural modifications.</i>/...../.....	

I declare that no changes have been made to the vessel since the last survey, that the prescribed safety equipment is on board, in good condition and ready for use at all times, and that all conditions listed on the current certificate(s) of survey have been complied with.

Reason for extension(s):.....
.....

...../...../.....
 _____ Signed _____ Print Name _____ Date

OFFICE USE ONLY			
Surveyor's comments			
.....			
Issue of cert fee applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Owner Notified on	Marine System Updated	Surveyor	_____/_____/_____
Fee: _____	Date paid: _____/_____/_____	Receipt No	_____
_____	_____	_____	_____