

Transport Safety

**APPLICATION FOR A COMMERCIAL LICENCE FOR A DECLARED SERVICE
UNDER SECTION 132 OF THE NT MARINE ACT**

by _____
full name
(a duly authorised representative of – *if applicable*) _____
name of company

_____ *residential address*

_____ *address for service of notices*

for the issue of a licence to operate a regular scheduled passenger service from Cullen Bay to Mandorah for the period from ___/___/___ to ___/___/___ (*maximum period is 5 years*)

I will be responsible for management of the operation and control of the vessels engaged in the operation. As evidence of my capacity to meet the required standards of passenger and public safety please find attached a copy of concession deed/contract No. _____

To assist in the assessment of your application please answer the following:

If applying as an **individual**, have you ever been:

1. Bankrupt or applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with your creditors or made an assignment of your remuneration for the benefit of your creditors? Yes/No
2. A director within the meaning of the *Corporations Act 2001* of a body corporate at the time when an offence was committed by that body corporate which led to the cancellation of a licence held by the body corporate? Yes/No
3. Convicted of a prescribed offence against the *Marine Act* or any other Act? Yes/No

If applying as a **body corporate**:

4. Has the body corporate by its constitution, ever been prevented from carrying on the commercial operations in respect of which this application is made? Yes/No
5. Would each of the directors of the body corporate answer **no** to questions 1, 2 and 3 above if applying as an individual? Yes/No
6. Has a liquidator, receiver, receiver and manager or official manager been appointed under the *Corporations Act 2001*? Yes/No

If you have answered 'yes' to any of the above please provide details.

Name:		Signature:	
Contact Nos.	Phone (BH):	Mobile:	Fax:
	Email:		

Note: Please allow 10 working days for the assessment of this application.

OFFICE USE ONLY	
Dated application received. / /	
APPROVED/NOT APPROVED	Director Transport Safety / /
Date applicant notified/licence issued / /	Licence No: