

NORTHLAND

Voluntary Anti-fouling Declaration

YOUR DETAILS

Name: _____

Email address: _____

Postal address: _____

Phone number: _____

Are you the owner of the vessel?

Yes

No, If you are a representative of the vessel, please provide the name of the person or organisation you represent:

VESSEL DETAILS

Vessel name - If your vessel is unnamed, please enter identifying features:

Vessel MNZ/MSA number or call sign:

Vessel type - Please select ONE of the following:

Recreational yacht

Super yacht

Charter vessel

Fishing vessel

Research vessel

Military

Ferry

Service vessel

Special purpose vessel

Other (please specify):

Vessel length - please select ONE of the following:

1 – 10 metres

10 – 15 metres

15 – 40 metres

40 – 100 metres

100 metres +

Gross tonnage (if known):

Home port: _____

BIOSECURITY DETAILS

Date of last anti-foul:

Location of last anti-foul:

Was this professionally applied?

Yes

No

Who applied the anti-foul?

Was it applied per the manufactures recommendations?

Yes

No please give details of why and in what way:

Were the niche areas anti-fouled? Please tick if yes and n/a if the vessel does not have such niche area. If a niche area has had another form of treatment, please specify.

Water intakes _____

Rudders and casings _____

Intakes and outlets _____

Outdrives _____

Bow thrusters _____

Trim tabs _____

Propeller _____

Bottom of keel/hull _____

Other (please state) _____

Please attach proof of anti-foul in the form of receipts, photos or invoices.

What is your proposed maintenance schedule?

- Pressure wash at haul out facility
- In water, by divers
- In water, self-clean with soft cloth
- Re-anti foul part/full
- Other (please specify)

What is the planned regularity of the maintenance?

Does the vessel have any compartments that retain residual seawater such as bait tanks? (please ensure these pest free)

- Yes
- No

Does the vessel have a dry-docking system?

- No
- Yes If yes please provide details of location, type and date it was installed

Please attach proof dry-docking purchase, use or installation in the form of receipts, photos or invoices.

Does the vessel have an alternative fouling management system?

- No
- Yes, if yes please provide details

GENERAL DETAILS

We may occasionally send you information in relation to marine biosecurity. Please select below if you wish to receive this information.

- Yes – I wish to receive further information

Confirmation of your voluntary anti-fouling declaration will be emailed to you providing the information you have provided is sufficient to qualify.

DECLARATION

I understand that the vessel will still be subject to biosecurity hull inspections and should there be a breach of NRC rules further enforcement action will be taken.

- I declare (as the representative of this vessel and on behalf of those who will operate it over the next 12 months) that I have read and understood the Northland Regional Pest and Marine Pathway Management Plan as at the date of this declaration and that

(insert vessel name)

will comply with those standards when in Northland for the duration of the voluntary anti-fouling declaration

(signature)

(date)

PLEASE RETURN TO:

Northland Regional Council

Private Bag 9021

Whangārei

0148

Email: marinebiosecurity@nrc.govt.nz