

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 or launch

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 manufacturer's recommendation?

Yes

No

If no, please give details of why and in what way:

Were the niche areas anti-fouled? - Please tick all applicable if 'yes', and N/A if the vessel does not have such niche areas. 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

N/A

Other (please specify)

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 are pest free.

- Yes
- No

Does the vessel have a dry-docking system?

- Yes
- No

If yes, please provide details of location, type and date it was installed:

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

Does the vessel have an alternative fouling management system?

- Yes
- No

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 - (www.nrc.govt.nz/pestandpathwayplan) as at the date of this declaration and that

(Insert vessel name)

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

(Signature)

(Date)

Please return to:

Northland Regional Council
Private Bag 9021
Whangārei Mail Centre
Whangārei 0148

Email: marinebiosecurity@nrc.govt.nz