



Please use this form only if you currently have a permit for a commercial operation to interact with marine mammals. If you do not have a permit, please visit the DOC website to find out how to apply for one.

The Department recommends that you contact the Department of Conservation permissions office listed below to discuss the application prior to completing this application form.

Use this application form to apply for:

- any new staff member – pilot, master, skipper, guide or other staff member – who will have contact with marine mammals as part of your commercial operation; or
- any new vessel, vehicle or aircraft which will be used to undertake the activity on your permit.

Please complete this application form and email it to permissions@doc.govt.nz.

A. Permit Holder name (as listed on your permit)

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B. Permit number: (you will find this on the front page of your permit)

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C. Sea-based permit (if your permit is for shore-based viewing please go to section D, if it is for viewing from aircraft please go to section E)

Change to list of vessels

Vessels to be removed from permit:

Vessel 1 description:

Vessel name:	Make:
Model:	Size:

Vessel 2 description:

Vessel name:	Make:
Model:	Size:

Vessels to be added to permit

Vessel 1 description:

Vessel name:	Make:
Model:	Size:
Carrying capacity:	Colour:
Motive power:	Construction and hull design:
Planing hull: <input type="checkbox"/>	Displacement hull: <input type="checkbox"/>
Noise levels above sea:	Noise levels below sea:
Maximum speed:	Normal cruising speed:

Vessel 2 description:

Vessel name:	Make:
Model:	Size:
Carrying capacity:	Colour:
Motive power:	Construction and hull design:
Planing hull: <input type="checkbox"/>	Displacement hull: <input type="checkbox"/>
Noise levels above sea:	Noise levels below sea:
Maximum speed:	Normal cruising speed:

Change to list of masters, skippers, guides and other relevant staff

Please fill in for every staff member who may come into contact with marine mammals throughout the course of the proposed operation.

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	
Relevant knowledge of the local area and sea conditions:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	
Relevant knowledge of the local area and sea conditions:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	
Relevant knowledge of the local area and sea conditions:	

D. Shore-based permit (if your permit is for viewing from a sea vessel please fill in section C, if it is for viewing from aircraft please go to section E)

Change to list of vehicles

Vehicles to be removed from permit

Vehicle 1. description:

Registration:	Make:
Model:	4WD/2WD

Vehicle 2. description:

Registration:	Make:
Model:	4WD/2WD

Vehicles to be added to permit

Vehicle 1. description:

Registration:	Make:
Model:	4WD/2WD
Carrying Capacity:	Colour:

Vehicle 2. description:

Registration:	Make:
Model:	4WD/2WD
Carrying Capacity:	Colour:

Change to list of drivers, guides and other relevant staff

Please fill in for every staff member who may come into contact with marine mammals throughout the course of the proposed operation.

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details:	
Relevant experience with marine mammals:	

E. Aircraft-based permit (if your permit is for viewing from a sea vessel please fill in section C, if it is for shore-based viewing please go to section D)

Type and number of aircraft to be used

Aircraft to be removed from permit

Aircraft 1 description:

Registration:	Make:
Model:	Air service certificate number or other aviation document:

Aircraft 2 description:

Registration:	Make:
Model:	Air service certificate number or other aviation document:

Aircraft to be added to permit

Aircraft 1 description:

Registration:	Make:
Model:	Carrying Capacity:
Colour:	Owner:
Noise Levels above sea:	Noise Levels below sea:
Air service certificate number or other aviation document:	

Aircraft 2 description:

Registration:	Make:
Model:	Carrying Capacity:
Colour:	Owner:
Noise Levels above sea:	Noise Levels below sea:
Air service certificate number or other aviation document:	

Change to list of pilots, guides and other relevant staff

Please fill in for every staff member that may come into contact with marine mammals throughout the course of the proposed operation.

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details:	
Relevant experience with marine mammals:	
Relevant knowledge of the local area and weather conditions:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details:	
Relevant experience with marine mammals:	
Relevant knowledge of the local area and weather conditions:	

Full Name:	Job Title:
Has this person had any convictions or prosecutions for offences against the Act or any other Act involving the mistreatment of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details:	
Relevant experience with marine mammals:	
Relevant knowledge of the local area and weather conditions:	

F. Declaration

I certify that the information provided on this application form is true and correct.

Note: The Director-General may vary any permit that has been granted if the information given in this application contains inaccuracies.

Signature (Applicant)		Date	
Signature (Witness)		Date	
Witness Name			
Witness Address			

For Department use only:

The Director-General may, at the request of the commercial operator, and if he or she is satisfied that the criteria specified in [regulation 6](#) have been substantially complied with, amend a permit to allow a change of aircraft, vehicle or vessel or a change of pilot, master, skipper, guide or relevant staff member, as the case may be.

It is recommended that you approve the amendment, as above, if you consider that the information supplied is acceptable to you.

Approve / Decline

Delegate Name
Delegate Title