



Application Form 8f Commercial Operations involving Marine Mammals Update staff member, vessel, vehicle, or aircraft

Please only use this form 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 Department of Conservation Permissions (christchurchpermissions@doc.govt.nz) to discuss the application prior to completing this application form.

Use this application form to apply to update:

- staff members – pilot, master, skipper, guide or other staff member – who will have contact with marine mammals as part of your commercial operation; or
- vessels, vehicles or aircrafts 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)

B. Permit number: (you will find this on the front page of your permit, e.g. 12345-MAR)

C. Current list of skippers, drivers, guides and other relevant staff

Please list every staff member who is currently listed on your Permit. Copy and paste the table and complete for each staff member.

Full Name:

Job Title:

Has the staff member has completed a [DOC SMART](https://www.doc.govt.nz/our-work/smart-operator-programme/)¹course?

☐ Yes

☐ No

If “yes”, please state when this was completed:

Full Name:

Job Title:

Has the staff member has completed a [DOC SMART](https://www.doc.govt.nz/our-work/smart-operator-programme/)²course?

☐ Yes

☐ No

If “yes”, please state when this was completed:

Full Name:

Job Title:

Has the staff member has completed a [DOC SMART](https://www.doc.govt.nz/our-work/smart-operator-programme/)³course?

☐ Yes

☐ No

I If “yes”, please state when this was completed:

D. Current list of Vessels (if your permit is for shore-based viewing please fill in section E, if it is for viewing from aircraft, please fill in section F)

Please list all vessels that are currently listed on your Permit. If there are more than two vessels, copy and paste the table and complete for all current vessels.

Vessel 1 description:

Vessel name:

Make:

Model:

Size:

Carrying capacity:

Colour:

Motive power:

Construction and hull design:

Planing hull: ☐

Displacement hull: ☐

Noise levels above sea:

Noise levels below sea:

Maximum speed:

Normal cruising speed:

¹ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

² <https://www.doc.govt.nz/our-work/smart-operator-programme/>

³ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

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:

E. Current list of vehicles (if your permit is for viewing from a sea vessel please fill in section D, if it is for viewing from aircraft please fill in section F)

Please list all vehicles that are currently listed on Permit. If there are more than two vehicles, copy and paste the table and complete for all current vehicles.

Vehicle 1. description:

Registration:	Make:
Model:	4WD/2WD

Vehicle 2. description:

Registration:	Make:
Model:	4WD/2WD

F. Current list of Aircraft (if your permit is for viewing from a sea vessel please fill in section D, if it is for shore-based viewing please fill in section E)

Please list all Aircraft that are currently listed on Permit. If there are more than two aircraft, copy and paste the table and complete for all current aircraft.

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:	

G. Update sea-based permit (if your permit is for shore-based viewing please go to section H, if it is for viewing from aircraft please go to section I)

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 and types of marine mammals operated around:	
Relevant knowledge of the local area and sea conditions:	
Has the staff member has completed a DOC SMART ⁴ course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details of when this was completed:	

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 and types of marine mammals operated around:	
Relevant knowledge of the local area and sea conditions:	
Has the staff member has completed a DOC SMART ⁵ course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details of when this was completed:	

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 and types of marine mammals operated around:	
Relevant knowledge of the local area and sea conditions:	
Has the staff member has completed a DOC SMART ⁶ course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details of when this was completed:	

⁴ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

⁵ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

⁶ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

H. Update shore-based permit (if your permit is for viewing from a sea vessel please fill in section G, if it is for viewing from aircraft please go to section I)

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 and types of marine mammals operated around:	
Has the staff member has completed a DOC SMART ⁷ course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details of when this was completed:	

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 and types of marine mammals operated around:	
Has the staff member has completed a DOC SMART ⁸ course?	<input type="checkbox"/> Yes

⁷ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

⁸ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

☐ No

If “yes”, please provide details of when this was completed:

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?

☐ Yes

☐ No

If “yes”, please provide details:

Relevant experience and types of marine mammals operated around:

Has the staff member has completed a [DOC SMART](#)⁹course?

☐ Yes

☐ No

If “yes”, please provide details of when this was completed:

⁹ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

I. **Update aircraft-based permit** (if your permit is for viewing from a sea vessel please fill in section G, if it is for shore-based viewing please go to section H)

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 and types of marine mammals operated around:	
Relevant knowledge of the local area and weather conditions:	
Has the staff member has completed a DOC SMART ¹⁰ course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details of when this was completed:	

¹⁰ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

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 and types of marine mammals operated around:	
Relevant knowledge of the local area and weather conditions:	
Has the staff member has completed a DOC SMART ¹¹ course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please provide details of when this was completed:	

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 and types of marine mammals operated around:	
Relevant knowledge of the local area and weather conditions:	
Has the staff member has completed a DOC SMART ¹² course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please provide details of when this was completed:	

¹¹ <https://www.doc.govt.nz/our-work/smart-operator-programme/>

¹² <https://www.doc.govt.nz/our-work/smart-operator-programme/>

J. 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