

## **Information Release NSW Maritime Archives**

## **IMPORTANT**

This form may be used by the owner of a domestic commercial vessel to authorise the release of vessel records kept in the NSW Maritime Archives.

OWNER DETAILS	(block letters)					
Title (Mr, Mrs, Dr etc):		Surname:				
Given names:				Date o	Date of birth: / / / / / / / / / / / / / / / / / / /	
Trading name:				ABN/ACN:		
Address:				·		
Suburb:			State:		Postcode:	
Postal address (if same	as Address pleas	e write 'as above'):				
Suburb:			State:		Postcode:	
Private number:		Mobile number:		Busines	s number:	
Email address:						
VESSEL DETAILS						
Vessel name:						
Vessel unique identifier						
vessei unique identinei	•					
REQUEST DETAIL	_S					
Please provide me with	the following docu	ments for myself or my ab	oove named ve	essel:		
Certificate of Comp	etency*	Certificate	of Survey			
established policy and pro	cedures				entification in accordance with	
I		ested, the requestor must pro	vide a letter of A	uthorisation from th	e copyright holder.	
Attached letter of A		rivor'a liganga)				
Attached copy of A		•				
Accredited Marine		nentation to the following:				
Agent/Representat	-	ils below)				
	To (complete deta			0:		
Title (Mr, Mrs, Dr etc):	Surname:			Given names:		
Address:						
Suburb:			State:		Postcode:	
Phone:			Mobile:			
Email:				Accredited Surveyor Number	ər:	

## **OWNER'S DECLARATION**

I declare that:

- I consent to my vessel's records being released to the accredited marine surveyor/agent/representative named in this form for the purposes of my above mentioned vessel.
- To the best of my knowledge the information provided by me in this is true and correct.
- I consent to Roads and Maritime Services making all reasonable enquiries in order to verify that the information provided by me in this application and any attachment I have included with this application is true and correct.
- I understand and acknowledge that Roads and Maritime Services may ask me or another person to provide any information or document that Roads and Maritime Services reasonably considers necessary for consideration of this application.
- I understand and acknowledge that the Roads and Maritime Services is collecting my personal information for the purposes of this Information Release only, and that the information on this form will not be used other than as permitted by law.

Name:			
Signature:	Date:	day month y	year

PLEASE SUBMIT COMPLETED FORM TO:					
Mail: Roads and Maritime Services DCV Safety Unit Locked Bag 5100 Camperdown NSW 1450	Email: records@rms.nsw.gov.au				