



**Evidence of Identity (EOI)**

EOI is required at the time of making this application, refer to *Evidence of Identity Requirements for Individuals and Organisations* (form F4362).

Tick the boxes below ☒ to show the following documents (Management Standards) have been read before completing this application. To access these documents visit [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au).

- |                                     |                          |   |                          |
|-------------------------------------|--------------------------|---|--------------------------|
| • BoatSafe Business Rules           | <input type="checkbox"/> | • BoatSafe Audit and Compliance Framework | <input type="checkbox"/> |
| • BoatSafe RMDL Competency Standard | <input type="checkbox"/> | • RMDL Practical Assessment Statement     | <input type="checkbox"/> |
| • BoatSafe PWCL Competency Standard | <input type="checkbox"/> | • PWCL Practical Assessment Statement     | <input type="checkbox"/> |

**1. Application type – tick relevant box: ☒**

New BoatSafe Training Organisation (BTO) Authority ☐ complete sections 1 to 8

Amend BTO Authority ☐ complete sections 1, 2, 3 and other relevant sections

**2. Applicant/Approval holder details (complete all relevant sections)**

BTO number (if applicable) Company or individual name (authority holder) Australian Company Number (ACN)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registered business name

<input type="text"/>
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Individual/Partner/Trust/Directors' names (all directors must be recorded)

<input type="text"/>
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Australian Business Number (ABN) CRN (if known)

<input type="text"/>	<input type="text"/>
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**3. Address information**

Street address (in full)

<input type="text"/>
<input type="text"/>
Postcode

Postal address (in full) (if same as street address write 'as above')

<input type="text"/>
Postcode

**4. Contact information**

Telephone number Mobile number

<input type="text"/>	<input type="text"/>
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Do you consent to the Department of Transport and Main Roads (TMR) publishing your BTO name and contact details?

Yes ☐ No ☐

I/we agree to TMR communicating with me/us by electronic communication (email).

No ☐ Yes ☐ Email address

<input type="text"/>
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**5. Applicant training and assessment categories - tick all relevant boxes: ☒**

Training and assessment for powered recreational ships ☐

Training and assessment for personal watercraft (PWC) ☐

Online training package ☐

Online service provider's name

<input type="text"/>
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**6. Authority holder details**

A criminal history check must be performed on all directors, partners, individuals/nominated persons (BoatSafe Training Providers (BTPs)). A fee applies.

If insufficient room, print another page and attach.

1. Director/Trustee/Partner/Individual's full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth



 /  / 

2. Director/Trustee/Partner/Individual's full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth



 /  / 

3. Director/Trustee/Partner/Individual's full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth



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**7. Nomination of training provider/s**

BTOs must nominate at least one person as a BoatSafe Training Provider (BTP). A separate *BoatSafe Training Provider Nomination* (form F4076) must be completed and included with this application for each person being nominated.

Each additional person being nominated as a BTP is required to pay a criminal history check (CHC) fee.

Nominated BTPs name/s (please use page 4 of this form, if required).

1.
2.
3.
4.
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7.
8.
9.
10.
11.
12.

**8. Criminal History Check (CHC)**

Applicants must pay a fee at the time of application at their local Maritime Safety Queensland office who carry out the Police CHC on their behalf (a Police Certificate or national CHC supplied by the applicant is not acceptable). This is to ensure that only suitable persons are approved.

**9. Additional documents for a new or renewal BTO application**

Along with this completed application form you will need to include (tick the appropriate box ☒) the following additional documents:

<b>Application checklist</b>	Tick <input checked="" type="checkbox"/> if provided
Copy of the current ASIC Certificate of Registration (must show all directors)	<input type="checkbox"/>
EOI of applicant/s or company directors	<input type="checkbox"/>
Copy of the Code of Conduct for the organisation	<input type="checkbox"/>
Copy of the proposed Complaints Management Process	<input type="checkbox"/>
Copy of refund policy	<input type="checkbox"/>
Proposed lesson plans	<input type="checkbox"/>
BTO Application fee	<input type="checkbox"/>
CHC fee for each applicant or company director	<input type="checkbox"/>
BTP nomination form (F4076) and CHC fee for each BTP nominated person	<input type="checkbox"/>
Copy of public liability insurance certificate	<input type="checkbox"/>

**10. Declaration**

I/we declare that:

- it is an offence under the Transport Operations (Marine Safety) Act to state anything or give a document to an authorised officer if you know it provides false or misleading information. Penalties may apply
- that the information provided in this application is complete, true and correct in every detail
- this application is signed by all the individual applicant/s; or if a partnership, all members of the partnership; or if a company, all directors
- that I/we will comply with any conditions or statutory condition/s of the authority, including the Transport Operations (Marine Safety) Act, the *Transport Operations (Marine Safety) Regulation 2016*, the *BoatSafe Business Rules*, *Boatsafe Audit and Compliance Framework*, the *BoatSafe RMDL Competency Standard*, and the *BoatSafe PWCL Competency Standard*.
- any non-compliance may result in the amendment, suspension or cancellation of my/our authority as a BTO.

I/we consent to TMR:

- verifying the EOI information provided by me/us, with the issuing authority
- accessing TMR records to verify my/our suitability to become a BTO
- releasing information by the Queensland Police Service and the Australian Police Services to TMR, its employees and agents. I understand that the release of my criminal history by those authorities is subject to relevant legislation.

I/we understand my/our responsibilities as a provider of training and assessment under the Transport Operations (Marine Safety) Regulation.

Applicant/Director's full name

Applicant/Director's signature

Date

Applicant/Director's full name

Applicant/Director's signature

Date

Applicant/Director's full name

Applicant/Director's signature

Date

**Forward this application to:**

BoatSafe Administrator  
Maritime Safety Queensland  
GPO Box 2595  
BRISBANE QLD 4001

**Email:** boatsafe@msq.qld.gov.au

**Privacy statement:** TMR is collecting the information on this form for the purpose of managing the BoatSafe scheme. This information is authorised or required by the Transport Operations (Marine Safety) Act. TMR or its agents usually gives some or all of this information to vessel insurers, statutory entities, lawyers, insolvency entities, persons involved in vessel accidents/incidents or vessel manufacturers or their employees or agents and to or through interstate authorities. Your personal details will not be disclosed to any other third party without your consent unless required or authorised by law.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.