



Queensland
Government



A separate form must be completed for each nomination.

BoatSafe Training Organisation (BTO) details

Business name

BTO authority number (if known)

Nominated BoatSafe Training Provider (BTP) details

Are you currently approved as a BTP with another BTO?

No ☐ Yes ☐ BTO authority number

Family name

Given name/s

Gender:

Male ☐ Female ☐

Date of birth

Town/City and Country of birth

Driver licence number

Attach photocopy of licence

Customer reference number (if known)

BTP's business name (if different to BTO's)

Business name certificate number (not ABN)

Attach photocopy of Business
Name Certificate

Residential address

Postcode

Postal address (if the same as residential write 'as above')

Postcode

Email address

Telephone (business)

Telephone (mobile)

Fax number

Tick the type of training and assessment to be provided: (tick one box only)

Training and assessment for powered recreational ships only ☐
(Competency units 1 to 6)

Training and assessment for both powered recreational ships
and personal watercraft (PWC) (Competency units 1 to 7) ☐

**Will the training and assessment you are proposing be
provided:** (tick one box only)

Only as part of an approved marine studies curricula in a
Queensland secondary school or college ☐

Only to the public on a fee-for-service basis ☐

By both of the above delivery options ☐

BoatSafe Training Provider Nomination

Transport Operations (Marine Safety) Act 1994

Marine licence details

Type of commercial marine licence

Commercial marine licence number

Expiry date

(Minimum requirement is a Certificate of Competency as a Coxswain
Grade 2NC)

Issue date

Place of issue

PWC licence number

Expiry date

Issue date

Place of issue

Attach photocopy of each licence, including all conditions and
restrictions

Training and assessment qualification details

Qualification 1

Qualification name/code

Issue date

Issuing authority

Attach photocopy of training qualification

Qualification 2

Qualification name/code

Issue date

Issuing authority

Attach photocopy of training qualification

Proposed training/assessment ship/s

All practical BoatSafe training and assessment must be conducted
in a commercially certified vessel, appropriate for training for a
recreational licence (for example, a vessel with a Certificate of
Operation for a Class 2E).

Registration number

Ship type

Training/Assessment PWC (if
applicable) - Registration number

Ship type

If insufficient space, attach a separate sheet

Training/assessment ship/s owner declaration

If a proposed training and assessment ship is not owned by the
training provider, the following details must be supplied.

Ship/Registration number

Registered owner

Address

Postcode

I,

being the registered owner of ship registration number

authorise

to use this ship for BoatSafe training and assessment purposes.

Registered owner's signature

Date

Training location/s

Please nominate any secondary schools or colleges where the nominated BTP will provide training and assessment as part of an approved marine studies curricula.

School name and address

Postcode

School name and address

Postcode

School name and address

Postcode

Please nominate all towns/suburbs and postcodes where the nominated BTP will provide training and assessment to the public on a fee-for-service basis.

Town/Suburb address

Postcode

Town/Suburb address

Postcode

Town/Suburb address

Postcode

Further information is available from the department's website www.tmr.qld.gov.au

Enquiries: boatsafe@tmr.qld.gov.au

Office use only	
Receiving officer	Amount
<input type="text"/>	\$ <input type="text"/>
Date	Receipt number
<input type="text"/>	<input type="text"/>

Applicant's declaration - consent to conduct enquiries

I,

(insert full name of applicant)

in making this application, consent to the Department of Transport and Main Roads to carry out those enquiries as it deems necessary to determine if I meet the suitability requirements for endorsement as a BTP.

I give my consent for the department, its employees and agents, to conduct such enquiries as considered necessary to assess my application, including, but not necessarily limited to:

- A national criminal history check (charges including those yet to be determined, convictions and certain investigative and disciplinary information) through the Queensland Police Service
- A driving history check in all states and territories of Australia
- Such further enquiries with the courts, police, prosecuting authorities or such other relevant bodies or entities to enable the department to make a full and informed assessment of my suitability for endorsement as a BTP.

Criminal history checks

I understand that a fee must be paid at a departmental Customer Service Centre or Queensland Government Agent Program (QGAP) office who carry out the Police criminal history check on the applicant's behalf (a Police Certificate or National Criminal History Check supplied by the applicant is not acceptable).

Consent to release of information

I authorise the release of that information by the Queensland Police Service and the Australian Police Services to the department, its employees and agents. I understand that the release of my criminal history by those authorities is subject to relevant legislation.

Responsibilities as a BTP

I understand my responsibilities as a provider of training and assessment under the *Transport Operations (Marine Safety) Regulation 2016*.

I declare that I have read the above statement and the information provided in this application is complete, true and correct in every detail.

Applicant's signature

Date

Please note:

An applicant shall not in this application not:

- wilfully make or authorise the making of a statement that is false or misleading
- wilfully make or authorise the omission of any matter or thing without which the application is misleading in a material respect.

Under the *Transport Operations (Marine Safety) Act* a maximum penalty of 200 penalty units may be imposed on a person for knowingly providing false, misleading or incomplete information.

BTO declaration

I declare that the information contained in this form about the nominee is accurate and correct and that all relevant documentation is attached.

BTO's Director's signature

Date

Forward this application to:

Boatsafe Administrator
Department of Transport and Main Roads
PO Box 673
FORTITUDE VALLEY QLD 4006
Email: boatsafe@tmr.qld.gov.au

Privacy Statement: The department 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*. The department 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.