



Evidence of Identity (EOI) requirements

All individuals (residing in Australia) and organisations must have a Queensland Customer Reference Number (CRN). If not use *New Customer Application* (form F3503). 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.

- BoatSafe Manual ☐
- BoatSafe Management Standard ☐
- BoatSafe RMDL Competency Standard ☐
- BoatSafe PWCL Competency Standard ☐
- BoatSafe Audit Framework ☐
- PWC Consistent Assessment Process ☐

1. Application type – tick relevant box: ☒

- A new BoatSafe Training Organisation (BTO) Authority ☐ complete sections 1 to 8
Renewal of BTO Authority ☐
Additional type of training and assessment category ☐ complete sections 1, 2, 3 and 8

2. Applicant details

BTO number (if applicable)

Company or individual name (authority holder)

Date of birth (individual only)

 / /

Registered business name

Australian Company Number (ACN)

Australian Business Number (ABN)

CRN (if known)

Street address (in full)

Postcode

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

Postcode

Telephone number

Mobile number

Do you consent to the Department of Transport and Main Roads publishing your BTO name and contact details?

Yes ☐ No ☐

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

No ☐ Yes ☐ Email address

3. BTO type of training and assessment categories to be provided:

Tick which categories are being applied for (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 ☐

4. Authority holder details

If a company, list director/s:

1. Director's full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

 / /

2. Director's full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

 / /

3. Director's full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

 / /

If an individual, complete the following:

Full name

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

 / /
5. 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 BTP's name/s (please attach a separate sheet if required to provide all names or use page 4 of this form).

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6. Criminal History

Applicants must pay a fee at the time of application at their nearest departmental Customer Service Centre, Queensland Government Agent Program (QGAP) office or 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.

7. Additional documents for a new or renewal BTO application

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

Application checklist	New application (tick <input checked="" type="checkbox"/> if provided)	Renewal application (tick <input checked="" type="checkbox"/> if provided)
A copy of the current Certificate of Registration as a business or corporation.	<input type="checkbox"/>	N/A
A list of all management or directors.	<input type="checkbox"/>	<input type="checkbox"/> *
EOI of management staff or directors.	<input type="checkbox"/>	<input type="checkbox"/> *
A copy of the current business management structure.	<input type="checkbox"/>	<input type="checkbox"/> *
A copy of the Code of Conduct for the organisation.	<input type="checkbox"/>	N/A
A copy of the proposed Complaints Management Process.	<input type="checkbox"/>	N/A
A copy of the course evaluation feedback form.	<input type="checkbox"/>	N/A
Details of the commercially certified vessel, appropriate for training and assessment for a recreational licence.	<input type="checkbox"/>	<input type="checkbox"/> *
BTO Application fee.	<input type="checkbox"/>	<input type="checkbox"/>
CHC fee for the applicant, each management staff or director of the company.	<input type="checkbox"/>	<input type="checkbox"/>
A BTP nomination form (F4076) and CHC fee for each person being nominated as a BTP.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of your public liability insurance certificate.	<input type="checkbox"/>	<input type="checkbox"/>
Proposed lesson plans.	<input type="checkbox"/>	N/A
A current Certificate of Operation for each vessel.	<input type="checkbox"/>	<input type="checkbox"/>

*Only required on renewal if there has been a change since the last renewal.

8. Declaration and consent

I/we declare that I/we understand:

- 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 contains false or misleading information. Penalties may apply.
- That the information provided in this application is complete, true and correct in every detail.
- This application must be signed by the individual applicant or if a partnership, all members of the partnership.
- If the application is in the name of a company with multiple directors, this form is to be signed by two directors or one director and the company secretary.

I/we consent to the department:

- verifying the EOI information provided by me/us, with the issuing authority
- accessing departmental records to verify my/our suitability to become a BoatSafe BTO.

Criminal history checks

I/We understand that a fee must be paid at a departmental Customer Service Centre or 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/We 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 BTO

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

I/we understand that within three to six months of being granted an authority as a BTO and also prior to the expiry of the authority, the department will conduct a review audit to assess compliance with the BoatSafe Management Standards, relevant legislation and the conditions of the authority.

I/we understand that failure to comply with any statutory conditions, the conditions of the authority, the *BoatSafe Management Standard*, *BoatSafe Manual*, the *BoatSafe RMDL Competency Standard*, *BoatSafe PWCL Competency Standard*, and the *PWC Consistent Assessment Process* may result in the amendment, suspension or cancellation of my/our authority as a BTO.

Applicant's/Director's full name

Applicant's/Director's signature

Date

 / /

Applicant's/Director's full name

Applicant'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.

Please supply further information here (such as full names, dates of birth and residential addresses of all directors/proprietors)