



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).

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)

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Registered business name

Individual/Partner/Trust/Directors' names (all directors must be recorded)

Australian Business Number (ABN)

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Queensland Customer Reference Number (Driver Licence number)

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3. Address information

Street address (in full)

Postcode

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

Postcode

4. Contact information

Telephone number

Mobile number

5. Do you consent to the Department of Transport and Main Roads (TMR) publishing your BTO name and contact details?

Yes ☐ please supply the following for the training location for publication

Contact number

Website

Address

No ☐

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

No ☐ Yes ☐ Email address

6. Applicant training and assessment categories - tick all relevant boxes: ☒

If you using an existing provider, please supply details/name.

Training and assessment for powered recreational ships ☐

Training and assessment for personal watercraft (PWC) ☐

If you using an existing online training package, please supply the service provider's name.

7. Authority holder details

A criminal history check (CHC) 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 Customer Reference Number (Driver Licence number)

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

 / /

2. Director/Trustee/Partner/Individual's full name Customer Reference Number (Driver Licence number)

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

 / /

3. Director/Trustee/Partner/Individual's full name Customer Reference Number (Driver Licence number)

Residential address

Postcode

Town/City of birth

State of birth

Country of birth

Date of birth

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8. 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 CHC fee.

Nominated BTPs name/s (if insufficient room, print another page and attach).

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9. 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.