



**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
- BoatSafe RMDL Competency Standard
- BoatSafe PWCL Competency Standard
- BoatSafe Audit and Compliance Framework
- RMDL Practical Assessment Statement
- PWCL Practical Assessment Statement

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

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

Registered business name

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

Australian Business Number (ABN)  CRN (if known)

**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

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

**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

**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



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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).

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

Applicants must pay a fee at the time of application at their nearest TMR 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.

**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:

Application checklist	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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant/Director's full name	Applicant/Director's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant/Director's full name	Applicant/Director's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.

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

A large rectangular area with horizontal dotted lines for text entry.