

To: Director Transport Safety
 Marine Safety Branch
 GPO BOX 2520
 DARWIN NT 0801



DEPARTMENT OF
 PLANNING AND INFRASTRUCTURE

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TRANSPORT SAFETY

REQUEST FOR THE DETERMINATION OF SAFETY MANNING LEVEL

Vessel Name:

Name and Address of Owner(s)

Measured Length:	Metres	Class of Vessel	Daylight operations Yes/No only
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No. of Passengers:	No. of Crew:
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Main Propulsion Engines:	One or Two	Diesel/Petrol	Inboard/Outboard
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Maximum continuous rated power of each engine: KW

PROPOSED TYPE OF OPERATION:

PROPOSED AREA OF OPERATION: 200 nm 100 nm 30 nm 15 nm

All Sheltered Waters Port of Darwin Only Inland Waters Other

Proposed normal duration of voyage	hours	The longest intended duration of voyage	hours
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PROPOSED MANNING (Include No. of crew and qualifications) Please note: If your vessel is less than 24 metres in length and you are proposing a crew member to hold dual qualification (Deck and Engineer) you are required to submit a copy of the General Arrangement Plan of the vessel with this request.

Signed:

Date:

Full Name:

Telephone No:

OFFICE USE ONLY

Recommended Manning

Examples of Previous Determinations

Senior Nautical Adviser	Signature	Date/...../.....
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Agree/Disagree – PMS	Agree/Disagree – MS
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Agree/Disagree – SMS

Meeting required <input type="checkbox"/> YES <input type="checkbox"/> NO initials	Determination completed. Action by/...../.....
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