



IMPORTANT NOTES

- **Accessible Information:** we may provide you with the name and address of the owner and/or Master of a vessel involved in an incident.
- **Limits on Master Information:** we can only provide you with information about the Master of a vessel at the time of the accident if that Master has completed a Vessel Incident Report nominating himself/herself as the Master in respect of the incident in question.
- **Other Information:** other information contained in a Vessel Incident Report can only be obtained by issuing a subpoena or lodging a [GIPAA application](#).
- **Eligibility:** only a lawyer with a current practicing certificate can use this Form.
- **Application Purpose:** the purpose of the applicant must be solely to commence or defend a legal claim (or enforce a resulting judgment) on behalf of your client in respect of an incident where a vessel causes damage or harm.
- **Other Purposes:** if you require information for other purposes then you must issue a subpoena or summons for preliminary discovery under Part 5.2 of the Uniform Civil Procedures Rules 2005

1 Applicant details

Solicitor name

Law Society member number

Name of Law Society (include State/Territory)

Name or Your Law Firm/Community Legal Centre/Employer

Address of law firm (must not be a PO address)

Postcode

Phone number (w) Phone number (m)

Note: Must be an office number at your law firm etc

Your Firm's/Employer's file reference number for this matter

Email address (this must be your work address. Your application will be rejected if the email does not match the name of your law firm or community legal centre or employer. Personal and hotmail addresses are not acceptable)

2 Accident details

Date

day	/	month	/	year
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Nature of Accident (must involve damage/injury caused by a vessel)

Police Reporting

Was the incident reported to Police?

Yes No

Police Ref Number (Event No.)

Police Jurisdiction

NSW VIC WA AFP QLD
 TAS NT ACT SA

3 Information requested

I am applying for the following information as at the date of accident noted above

OWNER: The name and address of the owner of the vessel referred to in Section 4 below involved in the accident referred to in Section 2 above

MASTER: The name and address of the Master of the vessel referred to in the Section 4 below in respect of the accident referred to in Section 2 above

NOTE: the name/address of the Master can only be released if the Master in question has lodged a Vessel Incident Report under s.99 of the Maritime Safety Act1998 nominating himself/herself as the Master. A person's details cannot be released under this Application Form if the nomination was made in a Report by someone else.

4 Vessel details

Vessel Hull Number (HIN)

Vessel Name

5 Solicitor Declaration & Undertaking

I declare the following to be true and I acknowledge that Transport for NSW relies on this declaration for the purpose of releasing the information that I seek:

I am a lawyer holding a current Australian legal practicing certificate

I am seeking the requested information in connection with a vessel accident involving the vessel whose details I have provided in this application

I undertake only use the requested information in order to commence or defend legal proceedings (including issuing a letter of demand) in respect of the accident or referred to in Section2 above or enforce a judgment arising out of those accident proceedings

I am making this application in my **professional capacity as a lawyer** acting for either

- a client of my law firm **or**
- a client of a Community Legal Centre where I am employed or volunteer **or**
- my employer - ie I hold a corporate or government practising certificate and I am employed as a corporate or government lawyer (eg insurance company lawyer) **and**
- I am not making this application in any personal capacity either for myself or outside of my professional capacity or employment as a lawyer **and**
- I have either completed this Application personally or I have checked it to satisfy its correctness.

Lawyer's Signature

Date

day	/	month	/	year
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!Warning

If you breach the Undertaking provided above or provide false or misleading information then Transport for NSW may seek professional sanctions against you by the Law Society and/or prosecution by Police under s.307B Crimes Act 1900

Office use only

Proof of Identity Record

Stand alone or primary proof

Document number

Secondary proof (if necessary)

Document number

Certified by:

Customer service representative name (print)

Branch/Unit

Customer service representative signature



Staff number

Date

day	/	month	/	year
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6 Lodgement

Send the following to **maritimecompliance@transport.nsw.gov.au**

-  Application Form
-  Your current legal practising certificate

Notes:

- You must send all 2 documents together
- You must lodge this Application from your professional (work) email address.

7 Privacy Statement

Transport for NSW is collecting your personal information to use in connection with this Application. You do not have to provide this information but we cannot process your Application without it. We may disclose the information you have provided in order to verify it. You can contact us if you need to access or amend this information by completing an access form at transport.nsw.gov.au/about-us/transport-privacy or by contacting us at privacy@transport.nsw.gov.au or on 132 213.