DEPARTMENT OF ENVIRONMENTAL AFFAIRS AND TOURISM MARINE AND COASTAL MANAGEMENT



APPLICATION FOR A PERMIT FOR THE PURPOSES OF DIVING AND POSSESSION OF PROHIBITED GEAR WITHIN THE LISTED AREAS IN TERMS OF REGULATION 3(3) OFGOVERNMENT GAZETTE NO. 30716 OF 1 FEBRUARY 2008 (REGULATIONS FOR THE PROTECTION OF WILD ABALONE)

REQUIREMENTS FOR A DIVING BAN PERMIT APPLICATION

- Only an original, fully completed, signed and dated permit application form.
- Certified true copies of an Identity Document for an individual or registration documents in the case of a company applying.
- Original valid Tax Clearance.
- Copies of supporting documents must be certified as true, where failure to do so will result in the permit being delayed and / or not issued.
- No faxes, copies and e-mails will be accepted.
- Payment of the permit and application fee of R150.

GENERAL INFORMATION

- The application process may take 7 working days or more subject to proper lodging of the application.
- Application forms are available at the Customer Service Centre (see address below) or alternatively visit the Departments website http://www.deat.gov.za
- **Physical address**: Department of Environmental Affairs and Tourism, Branch: Marine and Coastal Management, Customer Service Centre, Foretrust Building, Martin Hammerschlag Way, Foreshore, Cape Town 8001.
- **Postal address**: Department of Environmental Affairs and Tourism, Branch: Marine and Coastal management, Customer Service Centre, Private Bag X2, Roggebaai, 8012.
- Telephonic queries with reference to the above requirements may be directed to the Customer Service Centre at the following number: 021-4023180.
- Completed Applications (with the required supporting documents) may be handed in at the Customer Service Centre, or submitted by registered post to the above postal address.
- The permit and application fee of R150 is payable, when submitting an application to the Department. (Cheque/s must be made payable to the Marine Living Resources Fund (MLRF). A refund of R75 will be refundable in the case of unsuccessful applications.
- After receipt of original completed application form with required supporting documents, the applicant will be issued with a Reference Number which will be needed when making

payment at the Customer Service Centre, or which should be used if an Electronic Fund Transfer is made instead.

- For a Deposit Reference number please contact: Customer Services Centre at 021-4023180 after your application has been fully completed and submitted.

- Proof of payment (bank deposit slip of permit fee of R150 paid) must be faxed to 021-4023362.
- When an Applicant is advised that a permit is ready for collection, it must be collected in person (with an ID document) or else the person collecting it must have an official letter from the Applicant authorizing him or her to collect it.
- Banking details:

Bank: First National Bank (FNB) Branch: Corporate Account Services - Cape Town Account Name: Marine Living Resources Fund Branch Code: 204109 Account No: 62123256382 Account: Current

NOTE

Commercial scuba diving operators (including MPA exemption holders) whose activities involve taking clients diving, will not be allowed to undertake such activities in the listed areas and therefore should not apply. Neither should holders of recreational scuba diving MPA permits.

Date of Application:

Area in which diving is to be undertaken (Please provide boundaries of entire area of operation):

.....

Application is required for: (Please circle the appropriate item)

- a) Scientific Research and Monitoring
- b) White Shark Cage Diving
- c) Commercial kelp harvesting
- d) Sea ranching/marine aquaculture
- e) Salvage operations
- f) Maintenance of legal underwater infrastructure (incl marine aquaculture)
- g) Any other activity authorized in terms of legislation

Brief description of the activity to be conducted, including times of operation:

.....

The following prohibited gear will be utilised: (Please tick which items will be used during the above activity)

	Goggles	
	Diving mask	
	Snorkel	
	Flippers	
	Artificial breathing apparatus	
	Weight belts or weights	
	Bags used for underwater collection	of fish
	Shucking tools or any implement wh	ich could be used for harvesting abalone.
Durati	ion of the permit required:	
<u>1. PEF</u>	RSONAL INFORMATION:	
Full n	ame:	
I.D. Number/Passport No.: (Attach a certified copy of the ID/Passport)		
OR		
Comp	any, Business or Organization Name:	
Company Registration Number: (Attach SARS clearance certificate)		
Note t numbe	hat if the primary permit holder is not goir	ng permit: Ing to be present at all times then names and ID Inpany must be provided. This does not apply to

Postal Address:	

Street Address:	
E 11A.1.1	
E-mail Address:	
Tel: (office):	
Tel: (office): Fax:	
Cell:	

NB: Please provide a certified copy of your permit/exemption to undertake Scientific Research and Monitoring, White Shark Cage Diving, Commercial kelp harvesting or Sea ranching. For other activities please indicate the relevant law relied upon or the relevant authorisation/ contract / permit which necessitates the activity. Again note that the MPA scuba diving operator exemptions will not be accepted here.

2. USE OF VESSELS IN THE LISTED AREAS

Name and Type of vessel:	
Registration number of vessel:	

NB: All appropriate documents from SAMSA (skippers license; safety equipment on board; boat license and specifications; seaworthiness certificates; commercial radio license) must be attached.

3. RECORD OF TRANSGRESSIONS

Have you ever been found guilty of an offence in terms of the MLRA?

Yes No (circle one)

If yes, please provide details on a separate sheet.

4. DECLARATION BY APPLICANT

I hereby confirm that I am fully aware of my responsibilities in terms of Government Notice No. 30716 of 1 February 2008, and that any failure to comply with it may constitute an offence in terms of the Regulations. Further, should a permit be granted to me by the above authority, I shall consider myself bound by any condition or instruction in the permit or on any notice or sign board that exists.

I, the undersigned, do hereby make oath / affirmation, and declare that the information submitted with and in this application is true, correct and complete, and that the copies of the documents submitted are true and certified copies of the original documents. I understand that if any information furnished in this application is not true or complete, including providing false documentation, the falsification of any document, the making of any misleading or false

statements, or the non-disclosure of material information or information which may materially affect the evaluation of this application, this may disqualify the application.

I further acknowledge that a breach of any permit condition or instruction shall entitle the authority to withdraw any permit granted.

Signature of the applicant
Full name
Capacity (if representing a business)
Signed at (place) day of on the day of n the year