

**DEPARTMENT OF AGRICULTURE FORESTRY & FISHERIES
BRANCH: MARINE AND COASTAL MANAGEMENT**

KAVICOMM KV-25T APPROVAL FORM
(PLEASE PRINT CLEARLY)

APPLICANT DETAILS

Company Name: _____

Address: _____

Postal Code: _____

Contact Person Name: _____

Tel No.: _____ Fax No.: _____

Cell No.: _____ E-mail: _____

KAVICOMM KV-25T EQUIPMENT DETAILS

Unit identification number: ID _____ / _____ (7 digits)

VESSEL DETAILS

Vessel Name: _____ Flag State: _____

Port of Registry: _____ Radio Call Sign: _____

Registration Number: _____ Length: _____

Gross Tonnage: _____ Year of Manufacture: _____

Contact person on board: _____ Tel/Cell: _____

INSTALLER DETAILS

Company Name: _____

Contact person Name (Print): _____

Tel No.: _____ Cell No.: _____

E-mail: _____ Installation Date: _____

I hereby declare that I am the legal representative of the vessel and company indicated in this form. As legal representative, I hereby give the Department of Agriculture, Forestry & Fisheries (DAFF), Branch: Marine and Coastal Management (MCM) permission to monitor and track the above vessel on the vessel monitoring system (VMS).

Signature: _____ Name (print): _____

Date: _____

Fax the completed form to the MCM Operations Room, fax no. (021) 425 6497
Enquiries to the MCM ops room – telephone numbers (021) 402 3076 or 402 3077