

# Application for events in the Te Pēwhairangi (Bay of Islands) Marine Mammal Sanctuary



Department of  
Conservation  
*Te Papa Atawhai*

New Zealand Government

## Is this the right application form for me?

Use this application form for organised maritime events within Te Pēwhairangi (Bay of Islands) Marine Mammal Sanctuary that:

- have the potential to disturb any marine mammal; and
- would contravene any regulation in Part 3 of the Marine Mammals Protection Regulations 1992; and
- requires lawful authority under clause 5 of the Marine Mammals Protection (Te Pēwhairangi (Bay of Islands) Marine Mammal Sanctuary<sup>1</sup>) Notice 2021.

## How do I complete this application form?

- Please provide all information requested in as much detail as possible. DOC will advise you if further information is required before this application can be processed.
- Complete all sections of this form.
- DOC encourages electronic applications (e.g. email a typed Word document), rather than handwritten applications. Electronic applications are easier to read and less likely to be returned to you for clarification.
- If you require extra space, attach or include extra documents and label them according to the relevant section. Record all attachments in Section M 'Attachments'.

Personal and sensitive information will be managed by DOC confidentially. For further information check [DOC's privacy and security statements](#)<sup>2</sup>.

## How do I submit my application?

Email your completed application and any other attachments to: [permissions@doc.govt.nz](mailto:permissions@doc.govt.nz)

## What happens next?

Your application will be assessed by DOC. If it is complete, DOC will begin processing the application. If it is incomplete or requires amendment it will be returned to you for you to amend and incorporate the matters that DOC has specified in writing.

## Why does DOC ask for this information?

The questions in this application form are designed to cover the requirements set out in conservation legislation. Your answers allow us to assess:

- The details of your proposed activity against the requirements in section 5 of the Marine Mammals Protection Act 1978.
- The details of your proposed activity against the Te Pēwhairangi (Bay of Islands) Marine Mammal Sanctuary notice

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<sup>1</sup> <https://gazette.govt.nz/notice/id/2021-go4919>

<sup>2</sup> <https://www.doc.govt.nz/footer-links/privacy-and-security/>

- The effects of your proposed event and your proposed methods to avoid, remedy or mitigate any adverse effects.
- Your qualifications, resources, skills and experience to adequately conduct the proposed event.
- Your creditworthiness is a factor in determining whether DOC should extend credit to you and set up a DOC customer accounts receivable credit account (Section N). To make this assessment DOC will supply your information to a credit checking agency.

**Note:**

- The Te Pēwhairangi (Bay of Islands) Marine Mammal Sanctuary is co-managed by a Roopu / group of DOC and Te Pēwhairangi hapū representatives who advise the Minister. Your application will assist DOC in engaging with the hapū representatives.
- Information collected by DOC will be supplied to a debt collection agency in the event of non-payment of payable fees.

**Have you considered DOC’s Conservation General Policy and statutory planning documents?**

Your permit must not be inconsistent with DOC’s [Conservation General Policy](#)<sup>3</sup> and [relevant statutory planning documents](#)<sup>4</sup>, as they set out how DOC and our Treaty partners manage public conservation land. Statutory planning documents can have a direct impact on your application, with conservation management strategies identifying where human interactions with marine mammals should be managed to avoid or minimise adverse effects on populations and individuals.

**Treaty Partner consultation**

DOC has a statutory responsibility to give effect to the principles of the Treaty of Waitangi. This means that DOC will consult with Te Pēwhairangi hapū representatives about your application. This consultation will feed into DOC’s decision-making process. For more information contact the local DOC office.

**What fees will I pay?**

You will be required to pay a processing fee for this application regardless of whether a permit is approved or not. You may request an estimate of the processing fees after your application has been submitted. If you request an estimate, DOC may require you to pay the reasonable costs of the estimate prior to it being prepared. DOC will not process your application until the estimate has been provided to you. In addition, if you are granted a permit, you may be required to pay for monitoring or annual management fees.

DOC will invoice your processing fee after your application has been considered. If your application is large or complex, DOC may undertake billing at intervals periodically during processing until a decision has been made on your application. If you withdraw your application DOC will invoice you for the costs incurred up to that point.

**Will my application be publicly advertised?**

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<sup>3</sup> <https://www.doc.govt.nz/about-us/our-policies-and-plans/conservation-general-policy/>

<sup>4</sup> <https://www.doc.govt.nz/about-us/our-policies-and-plans/statutory-plans/>

Your application will be **publicly advertised**<sup>5</sup> on the DOC website and in the Government Gazette if:

- the application is for a new permit
- the application is for a renewal of a permit (and the renewal is not substantially the same as the existing permit) or an amendment to an existing permit.

Publicly advertising may increase the time and cost of processing of your application.

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<sup>5</sup> [Marine Mammals Protection Act 1978 section 5\(5\).](#)

## A. Applicant details

Legal status of applicant (tick)	<input type="checkbox"/> Individual (Go to ①)	
	<input type="checkbox"/> Registered company (Go to ②)	<input type="checkbox"/> Trust (Go to ②)
	<input type="checkbox"/> Incorporated society (Go to ②)	<input type="checkbox"/> Other (Go to ②)

1	Applicant name (individual)		
	Phone	Mobile phone	
	Email		
	Physical address		Postcode
	Postal address (if different from above)		Postcode

2	Applicant name (full name of registered company, trust, incorporated society or other)		
	Trading name (if different from applicant name)		
	NZBN (To apply go to: <a href="https://www.nzbn.govt.nz">https://www.nzbn.govt.nz</a> )	Company, trust or incorporated society registration number	
	Registered office of company or incorporated society (if applicable)		
	Company phone	Company website	
	Contact person and role		
	Phone	Mobile phone	
	Email		
	Postal address		Postcode
	Street address (if different from Postal address)		Postcode

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## B. New permit or amendment to an existing permit

I am applying for a new permit	<input type="checkbox"/>
I am applying to amend an existing permit <i>state permit number</i>	

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## C. Pre-application meeting

Have you had a pre-application meeting with a DOC Staff Member?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If yes, state when and who with.	

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## D. Consultation with Te Pēwhairangi hapū

DOC has a statutory obligation to give effect to the principles of the Treaty of Waitangi. This means DOC will consult with Te Pēwhairangi hapū representatives about your application. It is useful for us to know if you have already consulted with Te Pēwhairangi hapū about your application.

Have you carried out any consultation with Te Pēwhairangi hapū?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

**If yes, please supply details.** Copy and paste the table below if required. Record all attachments in Section 'M Attachments' including any written responses.

<b>Name of individual you consulted with</b>	
<b>Date of consultation</b>	
<b>Form of discussion (e.g. email, meeting)</b>	
<b>Outcome of consultation:</b> provide details of any cultural interpretation or activities that you are providing to support cultural values of Te Pēwhairangi hapū	

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## E. Consistency with DOC's Conservation General Policy and statutory plans

**Note:** DOC's [Conservation General Policy](#)<sup>6</sup> and statutory planning documents can have a direct impact on your application.

List the [DOC's statutory planning documents](#)<sup>7</sup> relevant to your application:

Are you aware of any potential inconsistency your activity may have with DOC's Conservation General Policy or statutory planning documents?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

If yes, explain why it is inconsistent with the statutory planning documents.

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<sup>6</sup> <https://www.doc.govt.nz/about-us/our-policies-and-plans/conservation-general-policy/>

<sup>7</sup> <https://www.doc.govt.nz/about-us/our-policies-and-plans/statutory-plans/>

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## F. Te Pēwhairangi (Bay of Islands) Marine Mammal Sanctuary

Please tick the relevant activity boxes to help determine how the application will be assessed:

<input type="checkbox"/>	A person may be in the water within 300m of any marine mammal in the marine mammal sanctuary, excluding marine mammal safe zones (Clause 5(1))
<input type="checkbox"/>	Vessels may be within 300m distance of any marine mammal in the marine mammal sanctuary, excluding the marine mammal safe zones (Clause 5(2)(a))
<input type="checkbox"/>	Vessels may continue moving when the person in charge becomes aware of any marine mammal within 300m distance in the marine mammal sanctuary, excluding the marine mammal safe zones (Clause 5(2)(b))
<input type="checkbox"/>	Vessels may not remain stopped before any marine mammal moves 300m away in the marine mammal sanctuary, excluding marine mammal safe zones (Clause 5(2)(c))

## G. Details of the proposed event

Duration of permit (term)	
Explain why you are seeking this duration	
Type of event i.e. swimming, sailing etc	

### Proposed base and area of event

**Attach a map of the proposed area of operation for the event.** It must clearly show:

- Proposed base (vessel departure location) of the event
- Proposed area of operation for the event
- The route or routes that participants will travel on

Record your map details in Section 'M Attachments'.

Map questions	Written description
Proposed base of operation	
Proposed area of operation	
Proposed route(s) that participants will travel on	

### Event duration and frequency

*Weekly recurring club events should attach a calendar of events in Section M where possible*

Duration of event <i>(in hours or days if multi-day event proposed)</i>	
Day(s) of week <i>i.e. if multiple events per week for club races</i>	
Time of events <i>e.g. 5pm-7pm</i>	
Maximum number of races proposed per day	
Maximum number of vessels (or participants if a swim event) participating in events	
Number of Safety, Marker, or Media Vessels	



## H. Assessment of effects

Please describe the effects of your activity and any proposed methods to avoid, remedy, or mitigate them:

[Empty response area for assessment of effects]

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## I. Vessel type

Describe the types of vessels that will be participating or otherwise involved in the event.

*Include all known details of the vessels such as primary propulsion method etc.*

<p>Vessel class and description</p> <p><i>The class of vessels that will be participating in the event</i></p>	
<p>Support Vessels Description</p> <p><i>support vessel means any vessel used for coaching, marshalling and rescue attendance for training, regattas and competitions – note, these vessels may not be authorised to breach the requirements of the Marine Mammal Protection Regulations and Marine Mammal Sanctuary</i></p>	
<p>Any other vessel description</p> <p><i>i.e., media vessels - note, these vessels will not be authorised to breach the requirements of the Marine Mammal Protection Regulations and Marine Mammal Sanctuary</i></p>	

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## J. Background of proposed operator

State the applicant's experience operating organised maritime events

State the applicant's knowledge of operating within the local area, and of the sea and weather conditions (e.g. number of years' experience operating within the area).

Has the applicant ever received any compliance action from the Department of Conservation in relation to marine mammals? If yes provide detail.

## K. Operational best practice based on recommended DOC guidelines

### Best Practice for Racing Events

*Best practice may differ based on the size of the event i.e., small local club events may have less potential for adverse effects than large annual events. Please tick the boxes in which you/your organisation will be undertaking to mitigate the effects that organised racing may have on marine mammals.*

Before, during, and after races occur, have designated marine mammal spotters looking out for marine mammals	<input type="checkbox"/>
Before and after races, all vessels will be operating in accordance with the Marine Mammals Protection Regulations and the Marine Mammal Sanctuary rules	<input type="checkbox"/>
All vessels associated with the event that are not actively participating* or registered in in the race to operate in accordance with the Marine Mammals Protection Regulations and the Marine Mammal Sanctuary rules at all times *e.g. media vessels and support vessels	<input type="checkbox"/>
Recording and reporting all sightings of marine mammals to DOC at boimms@doc.govt.nz	<input type="checkbox"/>
Establishment of 600m “safety zone” for the duration of the event that must be maintained around the sound source (e.g course or area being used for the event. All vessels, except those actively racing/competing, shall be halted when a marine mammal enters the 600m safety zone and resume only after the animal has been gone from the safety zone for a minimum of 15 minutes. The safety zone must be in effect 30 minutes prior to event start and 30 minutes after the event ends.)	<input type="checkbox"/>
DOC-approved biological monitor to conduct surveys before and during race events. Events only commence (delay start protocols) if no marine mammals have entered the 600m safety zone for a minimum of 30 minutes prior to race start time.	<input type="checkbox"/>
All skippers and crew who are appointed in any role pertaining or participating in the proposed event will attend a briefing on expectations organised by the Applicant.	<input type="checkbox"/>
When seals and sea lions are hauled out on shore or rocks, the vessel will remain 20m or more from water’s edge	<input type="checkbox"/>
When seals and sea lions are hauled out on shore or rocks, swimmers will remain 5m or more from water’s edge.	<input type="checkbox"/>

## L. Attachments

Attachments should *only* be used if there is:

- A specific question that requires an attachment e.g. map of the proposed base and area of events including the proposed courses
- Not enough space on the form to finish your answer
- Additional information that supports your answer
- An additional request you wish to make of DOC regarding the application.
- Any other additional comments you wish to make in support of your application

Label each document clearly and complete the table below.

Section of the application form the attachment relates to	Document title	Document format (e.g. Word, PDF, Excel, jpg etc.)	Description of attachment
<u>Correct example ✓</u> E	<i>Proposed base and area of operation</i>	<i>.shp</i>	<i>Map of proposed base and area with proposed routes of event</i>
<u>Correct example ✓</u> K	<i>Educational Material</i>	<i>Word</i>	<i>Schedule of Events for 2021-2022 season.</i>
<u>Incorrect example X</u> <u>Table</u>	<i>Doc1</i>	<i>Word</i>	<i>Table</i>

## M. Checklist

Application checklist	Tick which apply
I have completed all sections of this form relevant to my application and understand that the form will be returned to me if it is incomplete.	<input type="checkbox"/>
I certify that the information provided in this application form and any attached additional forms and information is, to the best of my knowledge, true and correct.	<input type="checkbox"/>
I have supplied a map with the departure location, boundaries of the event and the proposed route or routes that participants will travel on as required in Section 'M Attachments'.	<input type="checkbox"/>
I have appropriately recorded all attachments in Section 'M Attachments'.	<input type="checkbox"/>

## N. Terms and conditions for a credit account with the Department of Conservation

Have you held an account with the Department of Conservation before?	Tick
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If "yes", under what name:	

**In ticking this checklist and placing your name below you are acknowledging that you have read and agreed to these terms and conditions for an account with the Department of Conservation**

Terms and Conditions	Tick
I/We agree that the Department of Conservation can provide my/our details to the Department's credit checking agency to enable it to conduct a full credit check.	<input type="checkbox"/>
I/We agree that any change which affects the trading address, legal entity, structure of management or control of the applicant's company (as detailed in this application) will be notified in writing to the Department of Conservation within 7 days of that change becoming effective.	<input type="checkbox"/>
I/We agree to notify the Department of Conservation of any disputed charges within 14 days of the date of the invoice.	<input type="checkbox"/>
I/We agree to fully pay the Department of Conservation for any invoice received on or before the due date.	<input type="checkbox"/>
I/We agree to pay all costs incurred (including interest, legal costs and debt recovery fees) to recover any money owing on this account.	<input type="checkbox"/>
<b>I/We agree that the credit account provided by the Department of Conservation may be withdrawn by the Department of Conservation, if any terms and conditions (as above) of the credit account are not met.</b>	<input type="checkbox"/>
I/We agree that the Department of Conservation can provide my details to the Department's debt collection agency in the event of non-payment of payable fees.	<input type="checkbox"/>

<b>Applicant Name/s</b> (of authorised person/s)		<b>Date</b>	
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**For Department of Conservation use**

<b>Credit check completed</b>			
<b>Comments:</b>			
<b>Signed:</b>		<b>Name</b>	
<b>Approved (Tier 4 manager or above)</b>		<b>Name</b>	