

# Positive Flotation Statement

Transport Operations (Marine Safety) Act 1994

DMS File Number



Queensland Government  
Maritime Safety Queensland

PF 33021

**Purpose for issue of Form** (Tick one of the following as appropriate)

- Recreational Ship: Regulation section 30.....
- Safety Equipment: section 13, 14, 15.....
- Registered Tender: Commercial/Fishing ship: Section 37, 38
- Registration (Commercial Ship) Section 66.....

**Notes:**

1. This statement is **not** acceptable for ships that are, or greater than, 6m in length.
2. This statement is **not** acceptable for ships that carry more than 12 persons and/or those that operate more than 15 nautical miles from land.
3. The following are **minimum requirements** for determination of the total number of persons carried;
  - 75 kg per person.
  - 110 kg per person for diving operations.
4. It is the declarant's responsibility to ensure that any **additional restrictions** such as maximum wave height, wind speed, maximum distance from land or any other restrictions that are necessary to ensure the safe operation of the ship are recorded on this statement. These restrictions will be included on the ship's certificate of registration as conditions of operation.

	Photographic evidence	Complete details on reverse side of this statement	Nominate standard & provide complete calculations	Complete declaration
Swamp test	✓	✓		✓
Calculation			✓	✓

**Ship details**

Ship's name  Serial No./ID No.

Model  Rego. No.

Manufacturer  Year of Manufacture

Length  m Breadth  m Depth  m

Maximum engine KW power  Maximum engine weight  kg Dry weight of ship  kg

H.I.N.

Construction material

Ship type (eg. jet ski, dinghy, etc)

**Declaration**

I, R.L. HOWLES  
(Print name)  
of HOWLES MARITIME SERVICES  
(Print company/business name)  
PO BOX 137, REYNOLDS, QLD  
(Print address)

Ship Builder  Marine Surveyor  Ship Designer

Accreditation No. AMS 315

Declare that in accordance with the requirements of the *Transport Operations (Marine Safety) Act 1994*, the ship as described on this form, because of the way it is built or the materials from which it is constructed or both, is able, when filled with water, to remain afloat in an upright position while carrying its normal operational equipment and the total number of persons (not to exceed 12) recorded for this ship.

I make this declaration as a result of a swamp test conducted on; "date below" (attach photographs)

Date of swamp test  
28 / 11 / 11  
day month year

or calculations to a recognised standard made on; "date below"

Date of calculations  Standard Used

knowing that it is an offence under the *Transport Operations (Marine Safety) Act 1994* to give to the chief executive, the general manager or an officer of the department or of Maritime Safety Queensland a document containing information that I know is false or misleading in a material particular.

Declarant's signature

Date  Place

29 / 11 / 11 CARRIS  
day month year

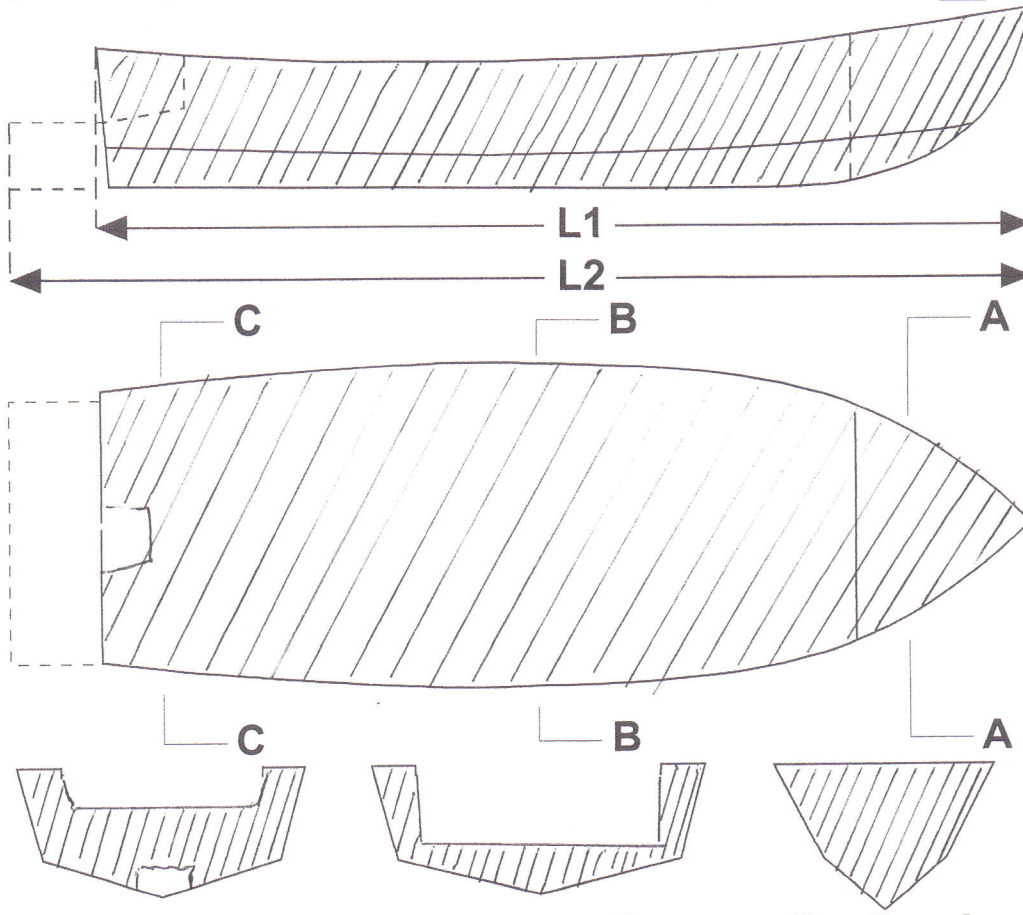
**Foam / Buoyancy locations**

1. Complete the diagram on page 2 to show the locations and area of buoyant material thus  (shaded box)
2. Note that it is not acceptable that all buoyant material be under floor
3. Describe the buoyant material (e.g. air tight compartments; foam; void spaces etc.)
4. Show the total cubic capacity of buoyant material.
5. If the ship has a pod, complete the dotted sections.
6. Complete SECTIONS A to C to represent the location of the buoyant material
7. In the case of catamarans, pontoons or hybrid ships attach sketches
8. The person making the declaration of positive flotation shall attach detailed calculations and nominate the standard used or fully describe how the swamp test was performed including damage effect on air chambers (if used)
9. Where an alternate standard to USL / NSCV is used, the whole of the standard is to be applied, including foam quality, coating and distribution requirements.

**Privacy Disclaimer:** The information you provide to Maritime Safety Queensland on this form is collected for the purpose of providing a register of registered ships within Queensland. Personal information such as the owner's name and address will be available to the public as a public register on the Commercial Information and Registration Management System (CIRMS) in accordance with the *Transport Operations (Marine Safety) Act 1994*.

# FOAM / BUOYANCY LOCATIONS

1. Complete the diagrams to show the locations and area of buoyant material thus 



L1 = 2.40  
L2 =

Section C

Section B

Section A

## STATEMENT OF SUITABILITY (Required ONLY for registration as a commercial ship under section 66)

NOTE: A written statement by the manufacturer or agent that addresses the criteria below is acceptable in lieu of this statement.

I, R. L. HOWERS of PO BOX 137, REPTINCH, QLD  
(Print name) (Address)

Being the - Builder (manufacturer) of the ship  an agent for the builder of the ship  Accreditation number  
an accredited marine surveyor  ship builder  ship designer  AMS 315

State that the ship described on page 1 is suitable for the intended use and operation in the area as indicated on this form, or as described in the attached document containing that information, and is equipped with the safety equipment appropriate to that area of operation for the number of persons (not exceeding 12):

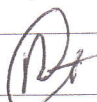
Area	Maximum No. of persons	Maximum weight	Restrictions
Smooth water	2	270kg	NIL
Partially smooth waters	—	—	
Inshore operations up to 15 nautical miles from land	—	—	

### Intended purpose of use:

Hire and drive  Tender to another ship  Other  (eg. fishing, workboat - describe)  
Dive operations  Charter

TEST VESSEL FOR DESIGN APPROVAL

I make (or provide) a statement of suitability knowing that it is an offence under the Transport Operations (Marine Safety) Act 1994 for a person to give to the chief executive, the general manager or an officer of the department or of Maritime Safety Queensland a document containing information the person knows is false or misleading in a material particular. Maximum penalty \$15,000

Declarant's signature  Date 29/11/11 Place CARRIS.  
day month year

**MSQ Locations:** This form, when completed, is to be lodged at your local Maritime Safety Queensland Regional Office. Contact details for a Marine Operations Centre are contained in Form Number S4526 on the Queensland Transport website ("find a form") or at [www.msq.qld.gov.au](http://www.msq.qld.gov.au) - Contact Us (top right hand corner).