



**Coral Bay Maritime Facility
Annual, Monthly, Daily Application
Maritime Facilities Usage**

Coral Bay Contact: Graham Murphy

Mobile Phone: 0428 171 932

Exmouth Regional Office

PO Box 220 Exmouth WA 6707

Telephone: (08) 9949 2079 Facsimile: (08) 9949 2078

Date of Application

Please Print Clearly

OWNER/COMPANY DETAILS (Invoice to):

Full Trading Name

Postal Address

Residential Address

Telephone Mobile

Contact Name (ie Skipper or Owner)

Telephone Email Address.....

VESSEL DETAILS:

DEC Licence No.

Name.....M & H, LFB or Registration No.

Measured Length (metres)Draft..... Beam

Insurance Company..... Policy Number..... Expiry Date...../...../.....

REQUIREMENTS: E Class operator T Class operator Fishing Vessel Other

Period required: From.....To

Type of occupancy: Annual Monthly Daily

Any expenses, costs or disbursements incurred by the Supplier in recovering any outstanding monies including debt collection, agency fees and solicitor's fees shall be paid by the Customer, providing that those fees do not exceed the scale charges as charged by that debt collection agency/solicitors and in any event the commission is not to exceed 18% of the debt value, plus out of pocket expenses.

I agree to abide by the Department of Transport's Coral Bay Maritime Facility Code of Conduct.

Signed Date.....

Name (Please Print)

Office Use Only: Approved by..... BerthageType:.....

All fees are required to be paid in advance by credit card, cash or cheque.

CREDIT CARD DETAILS: Bank Card Master Card Visa Card

Credit Card Number: _____ - _____ - _____ - _____

Expiry Date: __ / __ Name of Card Holder _____ Signature _____

IMPORTANT: All vessels utilising Transport Facilities **MUST** provide proof of complying with electrical and gas requirements and **MUST** provide proof of appropriate Third Party Liability Insurance before a pen or mooring licence or renewal can be issued.