Maritime

Application to hold an Aquatic Event

When blank, this form is classed as OFFICIAL, when filled out, this form is classed as OFFICIAL-SENSITIVE.

IMPORTANT

Applications must be submitted a minimum of **8 weeks** prior to the nominated aquatic event date or the application may not be processed and/or approved.

Check list

attached documents:	addressed all applicable sections of	the form prior to submission and include the following	lowing		
A detailed chart/map of the area in which the event is to take place A safety management system (SMS) including a risk assessment in relation to your event If your event requires an exemption or closed water area, please submit a separate completed Application for Aquatic Event Exemption/Closed Water Area form (This form can be found by clicking on the following link or requested by emailing navigational.safety@transport.wa.gov.au)					
Official title of event					
Has this event been conducted in previous years?					
If yes please provide brief int	formation:				
Details of applicant and Organisation:					
Applicant Surname:	Other names:				
Position Title (Where applica	ble):				
Postal address:	Postcode:				
Telephone (H):	(W):	Fax:			
Mobile:	Email:				
Description of event(s)	dates and times				
Number of competitors / pa	rticipants:				
Event Start Date:/	/ Event End	Date:/			
Event Start Time: Event End Time:					
If event is more than 1 day p	please provide event start and end tim	ne for each date:			

(The person who can be co	entacted at any time prior to, during and pos	t the event)	
Full name:			
Mobile:	Email:		
Event location			
-	cality Is the event taking place and specifically nap of the area in which the event is to t		
Vessel Information ☐ Participant vessel/s Please list quantity and type	e/class of vessels and individual registration i	numbers if applicable and where po	ossible
☐ Support/safety/media von Please list quantity and type	essel/s e/class of vessels and individual registration i	numbers if applicable and where po	ossible
☐ Any other nominated ve Please list quantity and type	essel/s e/class of vessels and individual registration i	numbers if applicable and where po	ossible
Declaration by Applica	int		
application is true and corre	authorised to act for the organisation as deta ect to the best of my knowledge. I understan and subject to prosecution action by the De	nd that by making a false or mislead	
	ccept costs incurred by the Department of T rigable Waters, General Notices To Mariners and required.		
Signature of Applicant		Date	//
Full name of Applicant			

Contact details of event coordinator

Note: Following assessment by the Department, applicants will be advised in writing of the outcome of this application which may be subject to specific conditions.

For more information regarding safety equipment please visit our website: https://www.transport.wa.gov.au/imarine/what-safety-equipment-do-l-need.asp

Completed applications are to be sent to the attention of the Aquatic Events Officer By email: navigational.safety@transport.wa.gov.au or by mail: GPO Box C102, PERTH WA 6839