



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

Marine Safety

Change of Name and Address

--	--	--	--	--

For Office Use Only

The information you supply on this form may be disclosed to other government agencies where provided for in legislation.

NEW DETAILS (Documentary evidence supporting Change of Name must be provided)			
Surname/Company Name:		Motor Driver's License Number:	
Other Names in Full:		Date of Birth (dd/mm/yyyy):	
Residential Address (Compulsory – Not a PO Box):			
Suburb or Town:		Postcode:	
Phone:	Mobile:	Email:	
Postal Address (Leave blank if same as above):			
Suburb or Town:		Postcode:	
I consent for the Department of Transport (DoT) to use the above address(es) for all DoT dealings? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PREVIOUS DETAILS (to be completed when a Change of Name or Address is required)	
Surname/Company Name:	
Other Names in Full:	
Residential Address (Details Compulsory):	
Suburb or Town:	Postcode:

BUSINESS WITH MARINE SAFETY (Please list all the business areas where you have dealings)		
<input type="checkbox"/>	Private Recreational Boat	Registration Number:
<input type="checkbox"/>	Recreational Skipper's Ticket	Ticket Number:
<input type="checkbox"/>	Mooring	Location: Mooring Number:
<input type="checkbox"/>	Jetty Licence	Location: Jetty Number:
<input type="checkbox"/>	Other	Details:
For Domestic Commercial Vessels or Certificate of Competency/Proficiency please refer to AMSA's website: www.amsa.gov.au/domestic		

DECLARATION

I hereby declare that the above information contained in this form is, to the best of my knowledge, true and correct.

Signature/s: _____ Date: ____/____/____

OFFICE USE ONLY		
Document supporting change of name attached		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boat Reg	<input type="checkbox"/> RST	<input type="checkbox"/> Mooring <input type="checkbox"/> Jetties <input type="checkbox"/> Other:
Receiving Officers Signature:	Branch:	Date:

Please return this form to the **Department of Transport**
Email: Boat.Registrations@transport.wa.gov.au