



Application Form Installation of Objects in Western Australian Navigable Waters Navigational Safety

Applicant's Details To install any object within navigable waters the applicant must complete this form.

Applicant's Name: _____

Contact Person's name: _____

Phone number: _____ Fax: _____

Mobile: _____ Email: _____

Postal Address

Number and street name: _____

Suburb: _____ Post Code: _____

Company and Project Details The above applicant is:

Sub contracted to _____ and/or contracted to _____

and/or is the proponent for _____ in affiliation with _____
(Company) (Project)

Company Contact details: (if applicable) _____

Object Details

What type of object do you wish to install? _____

How many objects do you intend to install? _____

Please state the purpose of the object: eg. environmental monitoring buoy, climate station

Is it a surface or subsurface object? (clearance to surface at Lowest Astronomical Tide) _____

Is it a fixed or free floating object?

Is this a temporary or permanent object?

Is it lit or unlit? (details if lit) _____

Above Water Specifications (Please attach a diagram)

Size: _____ Colour: _____

Description: _____

Below Water Specifications (Please attach a diagram)

Size: _____ Quantity: _____

Description: _____

Proposed Installation Details

How: _____

Anticipated date of installation _____

Anticipated date of removal from navigable waters (if temporary) _____

Location Details of Object

Area: _____

Geographic Co-ordinates (GDA94) (if multiple objects proposed please attach a list of all coordinates)

Latitude: _____ *Degrees* _____ *Decimal Minutes* _____ *South*

Longitude: _____ *Degrees* _____ *Decimal Minutes* _____ *East*

Consultation

Please provide details of any consultation undertaken (Community/Agency/Industry). _____

Notice to Mariners

Upon approval the Department of Transport **may** have to organise for a navigational safety warning or notice to be promulgated on your behalf. This process will be undertaken on a cost recovery basis. Please provide contact details for the person responsible for this payment.

Signature of Applicant: *(person applying on behalf of company)* _____ **Date:** _____

Please Note:

- Applications are assessed based on the information supplied to the Department of Transport. Should further information be required the Department will contact you.
- Please allow a minimum of 21 days for assessment of your application.
- Please ensure that you have attached copies of the apparatus specifications with this application.

All sections of this form must be completed. Please return this form with any supporting documentation to:

Department of Transport
Navigational Safety Section, PO Box 402, FREMANTLE, 6959.
Or email: navigational.safety@transport.wa.gov.au
Enquiries Tel: (08) 9431 1025