



Boat Registrations

Application for a Replacement Certificate of Boat Registration

This form must be signed and returned by post, fax, email or in person to:

In PERSON

At any Department of Transport, Licensing Centre / Agent

By POST

RST Officer
Department of Transport
GPO BOX C102
PERTH, WA 6839

By FAX

RST Officer
(08) 9435 7817

By Email

boat@transport.wa.gov.au

Applicant's Details

Boat Registration Number:

Surname: _____ First Name: _____ Other Names: _____

Sex: _____ Date of Birth: _____ Email: _____
dd-mm-yyyy

Street Number/Lot: _____ Street Name: _____ Street Suffix: _____

Suburb: _____ Postcode: _____

Telephone Home: _____ Work: _____ Mobile: _____

PO Box: _____ Suburb: _____ Postcode: _____

Applicant's Declaration

I _____ (name in block letters), hereby declare that the particulars entered in this application are correct and true to the best of my knowledge and belief, and that the Certificates and Testimonials submitted with this application for verification of particular entries are true and genuine documents given and signed by the persons whose names appear on them. I understand that some or all of the information provided on this form may be disclosed to Government Authorities. A person who knowingly makes a false declaration, false statement or false representation in connection with this application is guilty of an offence under Section 120(a) *Western Australian Marine Act 1982*.

Signature: _____ Date: _____

Payment Details

Please tick (✓) the box to indicate the payment method.

- I wish to pay by Credit Card I wish to pay by Cheque/Money Order
- I wish to receive a call-back to make a Credit Card payment over the phone. Call-back Phone No. _____

Complete this section if paying by Credit Card

- Mastercard VISA

Card Number:

Card Holder Name (please print): _____

Expiry Date: _____ Amount: \$12.00

Signature: _____ Date: _____