



Navigational Safety Application to Close Waters (Fireworks)

This form is to be used to apply for a closed waters exclusion area for the conduct of an approved fireworks display on or over navigable waters.

NOTE TO APPLICANT - Please address all sections below

- Applications must be submitted 6 weeks prior to the nominated display date for the Closed Waters Application to be approved.
- A chart or map clearly showing the firing point and requested exclusion zone must be provided with the application. Please include coordinates of firing point in degrees and decimal minutes format (DDM).
- Where a fireworks display requires an area of navigable waters to be closed over known vessel storage locations such as mooring control areas or boat harbours the proponent must include details (SMS) on how the risk to those vessels within the exclusion zone are mitigated.
- Applicants are responsible for obtaining all other approvals required to conduct the display including but not limited to the Department of Mines and Petroleum and any other waterway manager such as a Port Authority or marina management.
- All vessels, barges and pontoons associated with the display must comply with the National Law and all Domestic Commercial Vessel (DCV). Operators must hold the appropriate qualifications for those vessels.
- It is a legal requirement for the Department to publish notices for the closure of waters to vessels and swimmers. The cost of any publication will be the responsibility of the applicant.

SECTION 1. Details of applicant and organisation

Organisation: _____

Fireworks contractor Licence No. EFC: _____ Expiry date: _____

Applicant surname: _____ Other names: _____

Date of birth: _____ Position title (if applicable): _____

Postal address: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Designated contact during the display: Fireworks contractor number: _____

Name: _____ Mobile: _____

Purpose of fireworks display: _____

SECTION 2. Fireworks display details (chart/map to be provided)

Locations of display: _____

Coordinates of firing point: LAT (DDM) _____ LONG (DDM) _____

Coordinates of firing point: LAT (DDM) _____ LONG (DDM) _____

If multiple firing points please attach list of all coordinates.

Exclusion zone from firing point(s) required: _____ metres Display date: _____

Display start time: _____ Estimated duration of display: _____

Requested time of exclusion zone /water closure: Start time _____ End time _____

SECTION 3. Vessel details

Please list the vessel details to be used to conduct / monitor the fireworks display. Note – only those vessels listed will be exempt from the closure notice:

Motorised: Number of craft _____ Vessel ID _____

Non motorised: Number of craft _____ Vessel ID _____

Section 4. General information and Agreement section

Have you or your organisation completed a safety management system (SMS) including a risk assessment in relation to the application?

Yes No

If Yes please provide a copy of this document/s along with this application.

If No please provide comments:

Declaration and Agreement by Applicant

I hereby declare (*that I am authorised to act for the organisation as detailed on this form*) that the information contained in this application is true and correct to the best of my knowledge. I understand that by making a false or misleading declaration I may be guilty of an offence and subject to prosecution action by the Department.

I hereby confirm that I will accept costs incurred by the Department of Transport relating to placement of advertisements pertaining to any closure of Navigable Waters, General Notices to Mariners and the cost of any publication in the Government Gazette, where deemed necessary and required.

Signature of Applicant: _____ Date: _____

Full name of Applicant: _____

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

For more information regarding safety equipment please visit our website:
www.transport.wa.gov.au/imagine/about-safety-equipment.asp

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

OFFICE USE ONLY

Local area office endorsement and acknowledgment of event occurring

Name: _____ Signature: _____

Position: _____ Date: _____

Navigational Safety Endorsement

Does the SMS/risk assessment provide for on water management and emergency response? Yes No

Name: _____ Signature: _____

Position: _____ Date: _____