



Mooring ID Number		Mooring Control Area	
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**MOORING OWNER DETAILS**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Contact Number: (H) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

**MOORING AND VESSEL DETAILS**

Mooring Number: \_\_\_\_\_

Mooring Zone: \_\_\_\_\_

Mooring Use:  Temporary  Vessel Storage (permanent)

Authorised Users:  Yes  No

**REGISTERED OR LICENSED VESSEL DETAILS**

Vessel Name: \_\_\_\_\_ Vessel Registration Number: \_\_\_\_\_

Registered Length: \_\_\_\_\_ (metres) or  
Length Overall (*non registrable vessels*) \_\_\_\_\_ (metres)

Draft: \_\_\_\_\_ Gross Tonnage: \_\_\_\_\_ Hull Type: \_\_\_\_\_

**Recognised Mooring Contractor Installation and Design Specifications**

**DGPS POSITION:** (*UTM's – All coordinates to be obtained using DGPS equipment. Hand held GPS coordinates will not be accepted.*)

EASTING: \_\_\_\_\_ NORTHING: \_\_\_\_\_

**Inspection Type**

In Water (Dive Inspection)  Partial Raising  Shore

## Mooring Component Inspection Record

Component	Description (Type, length etc.)	Measurement as per design specifications	Current Measurement in diameter	Condition & works required Comments
Pick Up Rope Length				
Buoy ( <i>photo to be provided</i> )				
Buoy Swing Radius				
Shackles				
Swivel				
Riser Chain				
Ground Ring				
Anchor 1				
Anchor 2				
Anchor 3				
Floats				

### Environmental Package – if applicable

Environmentally Compliant:  Yes  No

Depth of Water (L.A.T)		Type of Bottom (e.g. mud/sand)	
Nearest Buoy:			
Inspection Rating:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Recommended Maximum Vessel Length (based upon type and capacity of existing mooring)	(meters)		
Nearest Mooring Buoy	Distance:		Mooring ID:
Is there adequate swing room to accommodate the nominated vessel without impacting on a vessel on the nearest mooring?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous inspection date:	_____ / _____ / _____		
Date of Inspection or Installation	<input type="checkbox"/> Inspection _____ / _____ / _____ or <input type="checkbox"/> Installation _____ / _____ / _____ <b>Next recommended inspection due date</b> _____ / _____ / _____		

## Approved Mooring Inspector Details & Inspection Certificate

Diver Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date of Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Mooring Contractor / Inspector Declaration

**Please note:** by signing this section of the 'Installation/ Inspection Report' the Recognised Mooring Inspector/Contractor agrees:

- This report accurately reflects the specifications of the mooring design and
- It is compliant with the terms and conditions for a registered Mooring Site in accordance with the Shipping and Pilotage (Mooring Control Areas) Regulations 1983 or the Mooring Regulations 1998 and certified fit for purpose.

*I declare that at the time of inspection, this mooring was certified for the maximum length and capacity as shown above and winds up to 40 knots and registered with the Department of Transport by our 3 man certified dive team operating in accordance with all regulations. The mooring environmental package (if applicable) meets the requirements of the Department of Transport. All coordinates obtained were determined by Differential Positioning Unit (DGPS).*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Owner Declaration

Name: \_\_\_\_\_

*I declare the contents of this form are; (a) true and correct and understand my responsibilities to safely maintain this site and abide by obligations as the Registered owner of this mooring and abide by all terms and conditions in accordance with the Shipping and Pilotage (Mooring Control Areas) Regulations 1983 or Mooring Regulations 1998.*

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Please forward complete form to:

Moorings Officer

Marine Safety, Department of Transport

GPO BOX C102

PERTH WA 6839

Phone: 13 11 56 | Fax: (08) 9431 1019

Email: [moorings@transport.wa.gov.au](mailto:moorings@transport.wa.gov.au) | Web: [www.transport.wa.gov.au/imarine](http://www.transport.wa.gov.au/imarine)