



Mooring ID Number

Mooring Control Area

Please allow a minimum of 10 business days for processing of this application

REGISTERED MOORING OWNER DETAILS

Surname: _____ Other Names: _____

Street Address: _____

Suburb: _____ Postcode: _____

Daytime Contact Number: (H) _____ (Mob) _____

Email: _____

Emergency Contact: _____ Ph: _____

VESSEL DETAILS

Vessel Registration Number: _____ Vessel Length: _____

Vessel Name: _____ Registration Expiry: _____

DECLARATION (to be signed by Registered Mooring Owner)

I declare that the information provided by me in this application is true to the best of my knowledge and belief and that I have read the terms and conditions in respect to the issue of a Mooring Site Registration and agree to be bound by them and the *Shipping and Pilotage (Mooring Control Areas) Regulations 1983*. I understand that I must notify DoT in writing (within 7 days) of any changes to the details I have provided in the application.

Signed: _____ Date: ____ / ____ / ____

Please forward completed 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 | Web: www.transport.wa.gov.au/imarine