

## Intention to Relinquish Swing Mooring Licence

When blank, this form is classed as OFFICIAL, when filled out, this form is classed as OFFICIAL-SENSITIVE.

Mooring details		
Mooring Control Area:	_ Mooring Zone:	Mooring ID:
Licensee details		
Surname:	Other names:	
Address:		
Suburb:	_ Postcode:	State:
Contact number:	_ Email:	
I confirm that:		
I wish to relinquish the above mooring site licent writing when the Licence is no longer in force ar		
Vessel removed as of: / /		
*Note – DoT will not accept the relinquishment of the m will not be issued.	nooring site if a vessel remair	ns secured to the mooring and any refund owing
Potential sale of mooring apparatus		
Please check ONE BOX ONLY (The Electronic Transaction Ad	ct 2011 applies)	
I consent to DoT providing my contact information for the purpose of mooring apparatus negotiation	•	nd email address) to a potential waitlist applicant with my personal information as required.
Should a waitlist be in place DoT may offer the relinquist presented with an opportunity to negotiate the sale of at this opportunity, all licence obligations will remain your rapplicant or the Department cancels the mooring licence required to remove the mooring apparatus within 28 days	pparatus. If this is the case, t responsibility until the offer o e. If there is no existing waitl	the DoT will inform you. Should you be provided of the mooring site has been accepted by a waitlist
I DO NOT consent to DoT providing my contact in obligated to remove the mooring apparatus within		f apparatus negotiation and acknowledge that I am n.
Name:		
Signature:		Date: / /