



Mooring ID Number		Mooring Control Area	
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Please allow a minimum of 10 business days for processing of this application

MOORING LICENSEE 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 <i>(to be signed by Licensee)</i>
<p>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 Licence and agree to be bound by them and the <i>Mooring Regulations 1998</i>. I understand that I must notify DoT in writing (within 7 days) of any changes to the details I have provided in the application.</p> <p>All fees are payable telephone:</p> <p>Phone: 13 11 56</p> <p><input type="checkbox"/> Application fee paid, receipt enclosed - <i>(All fees subject to change, please visit www.transport.wa.gov.au for current fees and charges)</i></p> <p>Signed by applicant: _____ Date: ____ / ____ / ____</p>

Please forward completed form to:

Moorings Officer
Marine Safety, Department of Transport
GPO BOX C102
PERTH WA 6839
Phone: 13 11 56

Email: moorings@transport.wa.gov.au | Web: www.transport.wa.gov.au