



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

MOORING LICENSEE DETAILS

Surname: _____ Other Names: _____

Street Address: _____

Suburb: _____ Postcode: _____

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

Email: _____

Emergency Contact: _____ Ph: _____

MOORING LICENSEE DECLARATION

As the licensee of the mooring site specified above, I hereby authorise the person and vessel detailed on the reverse to occupy the mooring site and mooring for the purposes only of mooring a registered vessel, for the period specified below (maximum of 12 months) _____ to _____ if no dates are specified, authorisation will be valid for a 12 month period. I certify that the vessel nominated on the reverse is suitable for the mooring and mooring site.

I understand that in accordance with *Mooring Regulations 1998 17 (1) (b)* rights conferred on a person in respect of a mooring licence under these regulations are not assignable (Regulations prohibit the leasing or renting to a third party).

I shall,

- Be responsible for resolving any disputes between authorised users
- Indemnify the Department of Transport for any claim which is made against the Department, its employees, agents or officers by the authorised user, or anyone else that is in any way connected to the use of the mooring site to the mooring by the authorised user or the authorised user's vessel.

Application fee paid, receipt enclosed - (All fees subject to change, please visit www.transport.wa.gov.au for current fees and charges)

A current mooring site inspection report is on file or enclosed (current within 24 months)

Signed by Licensee: _____ Date: ____ / ____ / ____

APPLICANT TO COMPLETE PAGE 2 OF THIS FORM

AUTHORISED USER DETAILS - APPLICANT

Surname of Applicant: _____ Other Names: _____

Street Address: _____

Suburb: _____ Postcode: _____

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

Email: _____

Emergency Contact: _____ Ph: _____

VESSEL DETAILS – APPLICANTS VESSEL

Vessel Registration Number: _____ Vessel Length: _____

Vessel Name: _____ Registration Expiry: _____

APPLICANT DECLARATION *(Authorised User)*

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 *Mooring Regulations 1998*.

I confirm that I am aware that this authorisation will automatically cease upon transfer of the Mooring Site Licence by the current licence holder or in 12 months.

All fees are payable via telephone:

Phone: 13 11 56

Application fee paid, receipt enclosed - *(All fees subject to change, please visit www.transport.wa.gov.au for current fees and charges)*

Signed by applicant: _____ Date: ____ / ____ / ____

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