



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

<b>MOORING LICENSEE DETAILS</b>	
Surname: _____	Other Names: _____
Street Address: _____	
Suburb: _____	Postcode: _____
Daytime Contact Number: (H) _____ (Mob) _____	
Email: _____	
Emergency Contact: _____	Ph: _____

<b>LICENSED VESSEL DETAILS</b>	
Vessel Registration Number: _____	Vessel Length: _____
Vessel Name: _____	Registration Expiry: _____

<b>MOORING LICENSEE DECLARATION</b>	
I hereby notify the Department of Transport (DoT) that I agree to relinquish this Licensed Mooring Site and understand that this site may now be considered for transfer in accordance with <i>Mooring Regulations 1998, Regulation 16.1(a) and (b)</i> to the registered owner of the above vessel.	
<input type="checkbox"/> I hereby advise that the existing mooring apparatus has been negotiated successfully with the above vessel owner and will remain with the mooring site.	
<b>OR</b>	
<input type="checkbox"/> I hereby advise that no suitable negotiation was determined and I will remove the mooring apparatus within 14 days of the date of this notice in accordance with <i>Mooring Regulations 1998</i> .	
All fees are payable via telephone:	
<b>Phone:</b> 13 11 56	
<input type="checkbox"/> <b>Application fee paid, receipt enclosed</b> - (All fees subject to change, please visit <a href="http://www.transport.wa.gov.au">www.transport.wa.gov.au</a> for current fees and charges)	
Signed by licensee: _____	Date: ____ / ____ / ____

APPLICANT TO COMPLETE PAGE 2 OF THIS FORM

**APPLICANT DETAILS**

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

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

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

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

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

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

**APPLICANT DECLARATION**

I hereby notify the Department of Transport (DoT) that I accept the offer of License for this Mooring Site and agree to abide by the *Mooring Regulations 1998*, Terms and Conditions of the mooring license and acknowledge the transfer of this license does not take effect until endorsed by the DoT.

I hereby advise that the existing mooring apparatus:

Has been negotiated successfully and will remain in the existing mooring site.

**OR**

No negotiation for existing apparatus was established and I understand that I may install a new mooring apparatus on endorsement of transfer of this licence. Installation report to be forwarded to the Mooring Office within 28 days of transfer approval.

Signed by applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OFFICE USE ONLY**

Endorsement Number: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Endorsed by (Office Name): \_\_\_\_\_ Signature: \_\_\_\_\_

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