Department of Transport

Vessel Accommodation Application

Maritime Facility Choose Location .....

Owner Name:..... DOB: ..... MDL: .....

Company Name ..... ABN / ACN: .....

Mailing Address:.....State:..... Post Code: .....

Residential Address: ..... State:..... Post Code:.....

Mobile/Telephone:..... Email:.....

Contact Details: Skipper ☐ Other ☐ .....

Name:.....DOB: ..... MDL: .....

Company Name ..... ABN / ACN: .....

Mailing Address:.....State:..... Post Code: .....

Residential Address: ..... State:..... Post Code:.....

Mobile/Telephone:..... Email:.....

Invoiced to: Owner ☐ Skipper ☐ Other ☐ .....

Vessel Details Recreational ☐ Fishing (Commercial) ☐ Tourism (Commercial) ☐ Service ☐

Unique identifier / Registration No:.....Vessel Name:.....

Length Overall (metres): ..... Beam:.....Draft:.....Loaded Displacement Tonnage:..... Unleaded ☐ Diesel ☐

Compliance and Insurance Details

Insurance Broker / Company: ..... Public Liability for $10 Million ☐

Policy Number: ..... Expiry Date: ...../...../..... Policy or Certificate of Currency supplied ☐

Electrical Certificate: ☐ Not Applicable or ☐ Certificate Number: .....Issue Date:...../...../..... Copy Supplied: ☐

Gas Certificate: ☐ Not Applicable or ☐ Certificate Number: .....Issue Date:...../...../..... Copy Supplied: ☐

Vessel Accommodation Type: ☐ Floating ☐ Fixed

Swing mooring ☐ Piled Mooring ☐ Pen with walkway ☐ Pen no walkway ☐ Alongside berth ☐

Intended Term of Stay ☐ 12 months ☐ 3 months or more ☐ ____month(s) ☐ ____week(s) ☐ ____day(s)

From: Date:.....Time :..... am / pm **To:** Date: .....Time:..... am / pm

Facility Services

Power ☐ .....phase Fuel ☐ .....kl Water ☐ .....kl

Declaration

I authorise the Department of Transport to invoice me for the Vessel Accommodation fees which are payable in advance for the above nominated period of stay. I acknowledge that the account payment terms for all additional facility services are strictly 30 days from the date of invoice. I declare that I am aware of and will comply with the Department of Transport Vessel Accommodation Agreement Terms and Condition; Electrical, Gas and Insurance Requirements for Transport Operated Maritime Facilities and Cyclone Contingency Plans.

Name: .....Signature:.....Date:...../...../.....

Contact us - www.transport.wa.gov.au

Goldfields / Esperance	(08) 9216 8099	Mid West	(08) 9216 8170	South West	(08) 9216 8200
Pilbara	(08) 6551 6800	Hillarys	(08) 9216 8530	Great Southern	(08) 9216 8520
Gascoyne (Exmouth)	(08) 9216 8220	Fremantle	(08) 9431 1020	Gascoyne (Carnarvon)	(08) 9216 8230

Office Use Only

Invoice Number: .....Date: ...../...../.....Vessel Accommodation Identifier:.....

Approved by:..... Key Numbers: .....

Credit Card Details

I authorise the Department of Transport to deduct the Vessel Accommodation fee **in advance** using the following Credit Card details. The Department of Transport will use these details once and then securely destroy them.

Card Holder Name: ..... Signature: .....

Master Card ☐ Visa ☐

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐ / ☐☐ CCV Number: ☐☐☐

✂ **Office administration to remove and securely destroy part of customers Credit Card details prior to inserting into a DoT record file**