



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

This form is to be used to apply for a closed waters exclusion area of navigable waters to vessels and/or swimmers. For more information please click [here](#).

NOTE TO APPLICANT - Please address all sections below

- Applications must be submitted 8 weeks prior to the nominated date for the Closed Waters Application to be approved.
- A chart or map clearly showing the requested exclusion zone must be provided with the application. Please include coordinates in degrees and decimal minutes format (DDM GDA 2020). [Click here for a link to AquaMap](#)
- Provide a Safety Management Plan (SMP) including a Risk Register in relation to the closure. Where a closure is required within an area of navigable waters over known vessel storage locations such as mooring control areas or boat harbours the applicant must include SMP details on how the risk to those vessels within the exclusion zone are mitigated.
- Applicants are responsible for obtaining all other relevant approvals required to conduct the activity including but not limited to the Department of Mines, Industry Regulation and Safety (DMIRS), Civil Aviation Safety Authority (CASA), Department of Biodiversity, Conservation and Attractions (DBCA) and any other waterway manager such as a Port Authority or Marina Management.

OFFICIAL TITLE OF ACTIVITY _____

Location: _____

Has this activity been conducted in previously? Yes No

SECTION 1. Details of applicant and organisation

Organisation: _____

Applicant surname: _____ Other names: _____

Position title (if applicable): _____

Postal address: _____ Postcode: _____

Telephone (H): _____ Mobile: _____

Email: _____

Designated contact during the activity: Name: _____ Mobile: _____

SECTION 2. Activity type

Fireworks Drone show Aquatic event Marine works Other: _____

SECTION 3. Closed Water type (Please tick all that apply)

All vessels **OR** Motorised vessels only **OR** Swimming closure

Closure dates: _____ Closure times: _____

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Description of closure area required: (Attach a detailed chart/map and coordinates of the area in degrees and decimal minutes format DDM GDA 2020)

(a). Coordinates (DDM) Latitude: _____ Longitude: _____

(b). Coordinates (DDM) Latitude: _____ Longitude: _____

(c). Coordinates (DDM) Latitude: _____ Longitude: _____

(d). Coordinates (DDM) Latitude: _____ Longitude: _____

Justification for closure:

Detail how you will manage the closure:

SECTION 4. Vessel details

Please list the vessel details to be used to conduct/monitor the activity. Note: **MUST** be provided and only those vessels listed will be exempt from the closure notice.

Motorised: Number of craft _____ Vessel ID _____

Non Motorised: Number of craft _____ Vessel ID _____

SECTION 5. Declaration

Has your organisation completed a Safety Management Plan (SMP), including Risk Register, in relation to this application?

Yes No

If the SMP, including Risk Register does not demonstrate how you will mitigate the risk/impact to other vessels associated with the closed waters area for your activity your application may not be approved.

Declaration and Agreement by Applicant (*The Electronic Transaction Act 2011 applies*)

I hereby declare that the information contained in this application is true and correct to the best of my knowledge.

I hereby confirm that I will accept costs incurred by the Department of Transport and Major Infrastructure relating to placement of advertisements pertaining to any closure of Navigable Waters, General Notices to Mariners and the cost of any publication in the Government Gazette, where deemed necessary and required.

Signature of Applicant: _____ Date: _____

Full name of Applicant: _____

Note: Following assessment by the Department, applicants will be advised in writing of the outcome of this application which may be subject to conditions.

Completed applications are to be sent to:

Email: navigational.safety@transport.wa.gov.au or Post: GPO Box C102, PERTH WA 6839

OFFICE USE ONLY

Local area office endorsement and acknowledgment of activity occurring

Do you support the application to close waters? Yes No

Name: _____ Signature: _____

Position: _____ Date: _____

Comments: _____

Navigational Safety Endorsement

Does the SMP/Risk Register provide for on water management and emergency response? Yes No

Name: _____ Signature: _____

Position: _____ Date: _____