



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

- You must complete all sections – incomplete applications will not be accepted.
- For commercial general licenses, this application is subject to the applicable application fee.
- Authorisations will expire upon licence expiry unless cancelled prior by the licensee.
- Multiple vessels maybe authorised.
- The authorised vessel must not exceed the maximum vessel length for this site.

Mooring details

MRG number: _____ MRG License expiry date: _____ MRG classification: _____

Period of authorisation

Start date: _____ End date: _____

Authorised user's and vessel details

Company details:

Company/Body Corporate name: _____ ACN: _____ ABN: _____

Company representative: _____

Address: _____

Suburb: _____ State: _____ Post code: _____ Date of birth: _____

Contact number: _____ Email: _____

Emergency contact name: _____

Contact number: _____ Email: _____

Vessel details:

Vessel name: _____ Unique Identifying Number or equivalent: _____

Vessel length: _____ Vessel draft: _____ Survey expiry date: _____

Note: A copy of the vessels Certificate of Survey or equivalent must be submitted with the application.

Licensee details

Company/Body Corporate name: _____ ACN: _____ ABN: _____

Company representative: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Contact number: _____ Email: _____

Emergency contact name: _____

Contact number: _____ Email: _____

Declaration (The Electronic Transaction Act 2011 applies)

By signing this application, both licensee and authorised user confirm all details are correct and acknowledge that the leasing of moorings is prohibited and may result in a cancellation of licence. I understand that authorisation to use the above mooring will automatically cease at the end of the authorised period or at the end of the current mooring expiry date (whichever is first) and that I will need to reapply to renew authorisation.

Licensee's signature: _____ Date: / /

Authorised user's signature: _____ Date: / /

09-08-01-MOOR-0526

Note: Following assessment by the Department, both parties will be advised of the outcome of this application.

Completed applications are to be sent to the attention of the Licensing Team

By email: Maritime.Licensing@transport.wa.gov.au