



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

## FORM INSTRUCTIONS

- A non-refundable annual fee applies to all ferry licences.
- The applicant must obtain the relevant approvals with DoT Harbour Managers, DBCA/Local Government before application submission to Department of Transport (DoT) Maritime Licensing.
- Incomplete applications will not be processed.
- All terms and conditions of licence must be viewed at [www.transport.wa.gov.au/imate/ferry-licences.asp](http://www.transport.wa.gov.au/imate/ferry-licences.asp) before application submission.

## Applicant details

Company/Body Corporate name: *(if applicable)* \_\_\_\_\_ ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

Company representative name: *(if applicable)* \_\_\_\_\_

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

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

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

Postal address: \_\_\_\_\_

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

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

### Description of Vessel

Name of Vessel	Surveyed Passenger Vessel No	Class of Survey	Certificate of Survey No	Passenger Capacity

### Details of Proposed Operation

Nature of Proposed Operation:	Tourism	Transport		
Proposed Route or Area of Operation:	Perth Metro	Peel	Rottnest Island	Regional
Proposed Period of Operation:				

## Details of Jetties/Wharves used for commercial activity

Wharf/Jetty Location	Owner
1.	
2.	
3.	
4.	
5.	
6.	
7.	

## Insurance: Protection & Indemnity/Hull or Public Liability incorporating Marine Liability

Insurance Policy Type:	
Insurer:	
Policy No:	
Amount of Coverage:	

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### Ferry licence application checklist

Be sure to submit the following items with your application.

Copy of Certificate of Survey

A copy of any relevant approvals

DoT Harbour Manager - <https://www.transport.wa.gov.au/imate/moorings-and-pens.asp>

DBCA - <https://www.dbca.wa.gov.au/contact>

Local Government (if applicable)

A copy of Pilot Exemption Certificate - for vessels greater than 35 metres

Copy of insurance policy (see above)

### Applicants declaration

I hereby declare that I am the owner of the vessel above and that the information is true to the best of my knowledge.

By signing this application, I agree to the terms and conditions as laid out on the Transport website.

**Applicant signature:** \_\_\_\_\_ **Date:**   /   /

Note: Following assessment by DoT, you will be advised in writing of the outcome of this application.

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

By email: [Maritime.Licensing@transport.wa.gov.au](mailto:Maritime.Licensing@transport.wa.gov.au)