



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

This is an application only and the installation of the mooring and use of the relevant waters for the mooring must not commence prior to the receipt of approval from DoT.

PROPOSED MOORING LOCATION DETAILS

Mooring Location (area): _____

DGPS Position (degrees decimal minutes)

Latitude: _____ Longitude: _____

Chart Datum: _____ Bottom Type: _____

Water Depth: _____

Type of Mooring: Cyclone Operational/Day General Single Use Multiple Vessel Use

APPLICANT DETAILS

Full name of Applicant (contact person): _____

Company Name: _____

ABN: _____

Postal Address: _____

State: _____ Postcode: _____

Daytime Contact Number: _____

Email: _____

PROPOSED LICENSED VESSEL OWNER DETAILS

Full name (contact person): _____

Company Name: _____

ABN: _____

Postal Address: _____

State: _____ Postcode: _____

Daytime Contact Number: _____

Email: _____

Emergency Contact: _____ Ph: _____

PROPOSED LICENSED VESSEL DETAILS

Vessel Name: _____

Vessel Registration Number/Unique Identifier: _____

Nationality/ Port of Registry: _____

Maximum Vessel Loading: _____ Maximum Gross Tonnage: _____

Maximum Vessel Length (LOA): _____ Maximum Draft: _____

Maximum Mooring Swing Required: _____

CONSULTATION PERIOD

Internal and external stakeholder consultation will be conducted in an attempt to contact all relevant agencies that may be involved with the installation of your proposed Commercial Mooring. Please allow a minimum of 28 days for this consultation to be conducted.

NOTICE TO MARINERS (NTM)

DoT may be required to post a 'Notice to Mariners' for some Commercial Mooring installations. The applicant may be responsible for associated costs involved with this process. The Commercial Mooring installation approval notification will indicate if this will be necessary and provide further details.

ASSOCIATED DOCUMENTATION

Please provide a copy of the following documents:

- Certificate of Survey for the nominated vessel
- Vessel/Mooring insurance policies (personal indemnity, public liability)
- Australian Business Registration Certificate

ASSOCIATED FEES AND CHARGES

Each Commercial Mooring Licence is subject to payment of an annual hiring fee.

All fees are subject to change. For a current list of fees and charges, please visit the DoT webpage:

www.transport.wa.gov.au

APPLICANT DECLARATION

I declare that the contents of this form to be true and correct and understand my role and duties in accordance with the Commercial Mooring Licence requirements.

I hereby declare that:

- The mooring has been designed safe and fit for purpose by a mooring contractor with current insurance (public liability, professional indemnity, product insurance)
- The mooring will be utilised in accordance with the mooring contractor's mooring analysis, design and specifications
- I will provide my mooring contractor with the geotechnical/bathymetric specifications and analysis to determine a safe, fit for purpose mooring design to safely maintain the abovementioned vessel at the designated position at all times
- I will ensure that the nominated vessel is within the specified dimensions of the mooring design and specifications
- I have current insurance policies (personal indemnity, public liability)

I can provide the following, should DoT require copies within 7 days of a request to do so:

- Mooring analysis, design and specifications
- Contractor current insurance details
- Copy of Endorsement/ Memorandum of Association or Certificate of Incorporation if not a natural person)
- Relevant consultation/ Geotechnical documentation
- Current insurance policies
- Pollution contingency plan

I understand that I cannot install or use this mooring prior to approval by DoT in the form of a Commercial Mooring Licence. I understand this mooring will only be used in accordance with Mooring design specifications and Commercial Mooring Licence terms and conditions. Please be advised that this information may be released to stakeholders for comment.

Company Name: _____

Applicant Name: _____

Signature: _____ Date: ____ / ____ / ____

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 | Web: www.transport.wa.gov.au