



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

Mooring ID Number		Mooring Control Area	
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Please allow a minimum of 10 business days for processing of this application

REGISTERED MOORING OWNER DETAILS

Surname: _____ Other Names: _____

Street Address: _____

Suburb: _____ Postcode: _____

Daytime Contact Number: (H) _____ (Mob) _____

Email: _____

Emergency Contact: _____ Ph: _____

VESSEL DETAILS

Vessel Registration Number: _____ Vessel Length: _____

Vessel Name: _____ Registration Expiry: _____

DECLARATION *(to be signed by Registered Mooring Owner)*

I declare that the information provided by me in this application is true to the best of my knowledge and belief and that I have read the terms and conditions in respect to the issue of a Mooring Site Registration and agree to be bound by them and the *Shipping and Pilotage (Mooring Control Areas) Regulations 1983*. I understand that I must notify DoT in writing (within 7 days) of any changes to the details I have provided in the application.

Signed: _____ Date: ____ / ____ / ____

Please forward completed form to:
 Moorings Officer
 Marine Safety, Department of Transport
 GPO BOX C102
 PERTH WA 6839
 Phone: 13 11 56 | Fax: 08 9431 1019
 Email: moorings@transport.wa.gov.au | Web: www.transport.wa.gov.au/imarine