



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

IMPORTANT

Applications must be submitted a minimum of **8 weeks** prior to the aquatic event date or the application may not be approved.

CHECKLIST

Ensure you have completed all applicable sections of the form prior to submission and include the following attached documents:

- A detailed chart/map of the area in which the event is to take place
- An up to date Safety Management Plan and Risk Register specific to your event
- If your event requires an exemption please submit a completed [Application for Aquatic Event Exemption](#). If your event requires a closed water area please submit a completed [Application to Close Waters](#). (These forms can be accessed by clicking on the links above or by emailing navigational.safety@transport.wa.gov.au)

Official title of event _____

Has this event been conducted in previous years? Yes No If yes, please provide brief information:

Details of applicant and organisation

Organisation: _____

Applicant surname: _____ Other names: _____

Position title (Where applicable): _____

Postal address: _____ Postcode: _____

Telephone (W): _____ Mobile: _____

Email: _____

Description of event(s) dates and times *(On water component only)*

Number of competitors / participants: _____

Event start date (Day 1): ____ / ____ / ____ Start time: _____ End time: _____

Event start date (Day 2): ____ / ____ / ____ Start time: _____ End time: _____

If event is more than 2 days please provide event start and end time for each date:

Contact details of event coordinator

(The person who can be contacted at any time prior to, during and post the event)

Full name: _____

Mobile: _____ Email: _____

Event location

What city, town or other locality is the event taking place and specifically within what waterway?

Attach a detailed chart/map of the area in which the event is to take place

Vessel information

Participant vessel/s

Please list quantity and type/class of vessels and individual registration numbers if applicable and where possible:

Support/safety/media vessel/s

Please list quantity and type/class of vessels and individual registration numbers if applicable and where possible:

Any other nominated vessel/s

Please list quantity and type/class of vessels and individual registration numbers if applicable and where possible:

Declaration by Applicant

I hereby declare (*that I am authorised to act for the organisation as detailed on this form*) that the information contained in this application is true and correct to the best of my knowledge. I understand that by making a false or misleading declaration I may be guilty of an offence and subject to prosecution action by the Department.

I hereby confirm that I will accept costs incurred by the Department of Transport relating to placement of advertisements pertaining to closure of Navigable Waters, General Notices To Mariners and the cost of 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 specific conditions.

For more information regarding safety equipment please visit our website:

<https://www.transport.wa.gov.au/imate/what-safety-equipment-do-i-need.asp>

Completed applications are to be sent to the attention of the Aquatic Events Officer
By email: navigational.safety@transport.wa.gov.au or by mail: GPO Box C102, PERTH WA 6839