



<b>Mooring ID Number</b>		<b>Mooring Control Area</b>	
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**Please contact Moorings Officer on 08 9431 1027 for the Maximum Vessel Swing**  
**Please allow a minimum of 10 business days for processing of this application**

I hereby apply to **SUBSTITUTE THE LICENSED VESSEL** nominated for the above Mooring Site Licence  
 (Mooring Licensee must be the primary registered owner of the new substitute vessel)

**APPLICANT DETAILS**

Surname of Mooring Licensee: \_\_\_\_\_ Other Names: \_\_\_\_\_

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

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

Daytime Contact Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_

**DETAILS OF VESSEL TO BE REMOVED FROM MOORING SITE**

Vessel Registration Number: \_\_\_\_\_ Vessel Length: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Registration Expiry: \_\_\_\_\_

**DETAILS OF SUBSTITUTE VESSEL TO BE NOMINATED AS THE LICENSED VESSEL**

Vessel Registration Number: \_\_\_\_\_ Vessel Length: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Registration Expiry: \_\_\_\_\_

**DECLARATION (to be signed by Licensee)**

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 Licence and agree to be bound by them and the *Mooring Regulations 1998*. I understand that I must notify DoT in writing (**within 7 days**) of any changes to the details I have provided in the application.

*All fees are payable at:*  
 Boat Registrations Office, Marine House 1 Essex Street Fremantle WA 6160  
 OR  
 Moorings Section, Marine Operations Centre 14 Capo D'Orlando Drive Fremantle WA 6160  
 Via EFTPOS (Master and Visa Card only)

**I enclose the receipt for the substitution fee of \$93.00 (as at 1 July 2014. All fees subject to change)**

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*Please note that it is the responsibility of the mooring licensee to submit this form and ensure that the vessel is registered in the appropriate name\*\***

**Please forward completed form to:**  
 (Incomplete forms cannot be processed and will be returned to mooring licensee for completion)  
 Moorings Officer  
 Marine Safety, Department of Transport  
 PO BOX 402  
 FREMANTLE WA 6959  
 Phone: 08 9431 1027 | Fax: 08 9431 1019  
 Email: moorings@transport.wa.gov.au | Web: www.transport.wa.gov.au/imarine