



Mooring Number		Mooring Control Area	
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APPLICANT DETAILS

Surname of Applicant: _____ Other Names: _____

In Emergency Contact Name: _____ Phone: _____

Mooring usage: Permanent Occasional Use

EXISTING ADDRESS DETAILS

Street Address: _____

Suburb: _____ Postcode: _____

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

Mobile Number: _____ Email: _____

NEW ADDRESS DETAILS

New Street Address: _____

Suburb: _____ Postcode: _____

PO Box Number: _____ State: _____ Postcode: _____

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

Mobile Number: _____ Email: _____

EMERGENCY CONTACT DETAILS – to be completed if emergency contact has changed

Emergency Contact Name: _____

Contact Number: (H) _____ (W) _____

Mobile: _____ Email: _____

CHANGE OF NAME

*** Please attach copies of supporting documents if you are changing you name i.e. Statutory Declaration, Marriage Certificate etc***

Surname: _____

First Name: _____

Other: _____

DECLARATION – to be signed by applicant

Signature: _____ Date: ____ / ____ / ____

Please forward complete form to:
Mooring 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