

APPLICATION TO CHANGE VESSEL ON MOORING



Mooring Licence Number

Mooring Area Name

IMPORTANT: When applying for a change of vessel the applicant must:

- Be the sole owner or at least the equal majority shareholder and Registered Owner of the vessel to be attached to the mooring.
- Complete the Statutory Declaration on vessel ownership (see overleaf).
- Provide Proof of Identity (POI) and pay the prescribed fee. For further information visit www.rms.nsw.gov.au or phone 13 12 56 within NSW or (02) 9563 8557 for all other areas.
- If you wish to pay via credit card please complete the credit card authority form available at www.rms.nsw.gov.au/documents/maritime/credit-card-authority-form.pdf and attach with this application.
- Complete the Representative's Authority section (overleaf) if authorising another person to change the vessel on your mooring.

DETAILS OF APPLICANT

Surname

Given names

Gender M F Date of birth/...../.....

Telephone

Private () Business ()

Mobile () Facsimile ()

E-mail

Residential address (PO Box No. is not acceptable – application will not be processed unless residential address is supplied)

Suburb State P/code

Postal address (If same as residential please write "as above")

Suburb State P/code

VESSEL DETAILS (subject to approval)

New vessel

Vessel Registration no. / Vessel Unique Identifier

HIN (Boatcode)

Vessel length (metres)

Name of vessel (if applicable)

Previous vessel

Vessel Registration no. / Vessel Unique Identifier

HIN (Boatcode)

Vessel length (metres)

Name of vessel (if applicable)

DECLARATION

I hereby apply to change the vessel on my private mooring and declare that I will comply with all relevant legislation and conditions applicable to that licence. I acknowledge that I have read and understood Roads and Maritime Services' brochure entitled "Proof of Identity and use of Personal Information Under the Privacy Act – 1998" and agree that my personal information may be disclosed to the persons/agencies listed in the brochure.

\$ Current fee

Applicant's signature Date/...../.....

STATUTORY DECLARATION – VESSEL OWNERSHIP

I,
(Full Name)

of
(Full Address)

in the State of New South Wales, in making this application
DO SOLEMNLY AND SINCERELY DECLARE THAT

I am the sole owner or at least the equal majority shareholder
and registered owner of the following vessel:

Vessel Registration no. / Vessel Unique Identifier

HIN (Boatcode)

Vessel type

Vessel length (metres)

Vessel name (if applicable)

It is understood, and accepted, that should I cease to have at
least an equal majority shareholding in the vessel in question
and unless I obtain another vessel in which I am at least the
equal majority shareholder, the Mooring Licence will lapse and
cannot be transferred to any other person.

**Note: this requirement does not apply to those people selling
their vessel which is located in a mooring area in which
there is no waiting list and is subject to Roads and Maritime
Services agreement.**

NOTE: Roads and Maritime Services notes that in addition to action which may be taken for making a false Statutory Declaration, the provision of false information may result in cancellation of the vessel Registration of Certificate of Operation and any associated private mooring licence.

I make this solemn declaration conscientiously believing it
to be true and by virtue of the *Oaths Act, 1900*.

MADE AND DECLARED AT

this day of 20__ __

Applicant's signature

In the presence of an authorised witness who states:

I,
[Name of authorised witness]

A,
[qualification of authorised witness]

Certify the following matters concerning the making of this
statutory declaration by the person who made it:

[*please cross out the text that doesn't apply]

1. * I saw the face of the person

OR

* I did not see the face of the person because the person was
wearing a face covering, but I am satisfied that the person
had a special justification for not removing the covering, and

2. * I have known the person for at least 12 months

OR

* I have not known the person for at least 12 months, but I have
confirmed the person's identity using an identification document
and the document I relied on was:

.....
[describe identification document relied on]

.....
(signature of authorised witness)

.....
(date)

REPRESENTATIVE'S AUTHORITY

I authorise the person named below to make this application on my behalf.

Applicant's signature

REPRESENTATIVE'S DETAILS

Surname Given names

Address or daytime contact phone no.

Representative's signature Date/...../.....

OFFICIAL USE ONLY: (REPRESENTATIVE'S IDENTIFICATION)

Full proof of ID: Document name No.

Primary proof of ID: Document name No.

Secondary proof of ID: Document name No.

Authorised signatory's name

Authorised signatory's signature Date/...../.....

Official
Stamp

PLEASE RETURN THIS FORM TO:

Maritime Product Services
Roads and Maritime Services
Locked Bag 5100
Camperdown NSW 1450