



**TRANSFER OF EXISTING MOORING
PERMIT**

File ref: MOO
Version: 2.0 / 179766
Issue date: March 2020

All applicants must read and acquaint themselves with the Mooring Procedures document, in particular Section 6.2, PRIOR to making any application. This will ensure applicants have all the information required to complete the application properly. Applicable insurance shall be at the minimum outlined in the table, under “Insurance Details”.

If an applicant has any questions please contact KPA on (08) 9194 3100 or through the website: www.kimberleyports.wa.gov.au

MOORING DETAILS	Assigned Number: _____	
Latitude: _____ 'S	Mooring Type: _____	
Longitude: _____ 'E	Water Depth @ LAT: _____ m	

CURRENT OWNER'S DETAILS	Name: _____	
Postal Address: _____	Residential Address: _____	
Mobile: _____	Email: _____	
Emergency Contact: _____	Ph: _____	

PROSPECTIVE OWNER'S DETAILS (TRANSFEREE)	Name: _____	
Postal Address: _____	Residential Address: _____	
Mobile: _____	Email: _____	
Emergency Contact: _____	Ph: _____	



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CURRENT MOORING SERVICE PROVIDER DETAILS		Name: _____	
Postal Address: _____		Residential Address: _____	
Mobile: _____		Email: _____	
Emergency Contact: _____		Ph: _____	

CURRENT NAVAL ARCHITECT / DESIGNER'S DETAILS		Name: _____	
Postal Address: _____		Residential Address: _____	
Mobile: _____		Email: _____	
Emergency Contact: _____		Ph: _____	
Do you intend to use the same Naval Architect/Installer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROPOSED NEW VESSEL DETAILS		Name: _____		Registration No.: _____	
Type of Vessel: <input type="checkbox"/> Yacht <input type="checkbox"/> Multi-Hull <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____					
Colour of Hull / Superstructure: _____					
Construction: <input type="checkbox"/> Steel <input type="checkbox"/> Aluminium <input type="checkbox"/> Timber <input type="checkbox"/> Fibreglass					
LOA.: _____ m		Max Beam: _____ m		Draft: _____ m	
				Displacement: _____ MT	
Fuel Capacity: _____ Litres		Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel		LPG on Board: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Mooring: <input type="checkbox"/> Storm <input type="checkbox"/> Cyclone	Analysis Required: <input type="checkbox"/> Static <input type="checkbox"/> Dynamic as per 6.2 of Mooring Procedures
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CHECKLIST

A copy of this application will be returned to you upon approval.

- Application Form completed and signed;
- Insurance Certificate of Currency enclosed;
- Design Analysis requirements as per 6.2 of Mooring Procedures.

ADDITIONAL DOCUMENTS FOR REVIEW

Kimberley Ports Authority's:

- (a) Terms and Conditions;
- (b) Mooring Procedures; and
- (c) Cyclone Contingency Plan.

These documents are available on www.kimberleyports.wa.gov.au.

It is very important that you read these documents and retain them for your records. Failure to comply with the KPA's requirements could, amongst other things, result in KPA revoking approval.

INSURANCE DETAILS: *Applicable insurance is mandatory. Certificate of Currency must be attached.*

PROFESSIONAL INDEMNITY: \$10,000,000

Underwriter: _____ Valid to: _____

Policy Number: _____ Certificate attached: Yes No

PUBLIC LIABILITY: \$20,000,000

Underwriter: _____ Valid to: _____

Policy Number: _____ Certificate attached: Yes No

CONTRACT WORKS (if KPA deems applicable): Reinstatement value of the works

Certificate attached: Yes No

MOTOR VEHICLE THIRD PARTY LIABILITY (if KPA deems applicable): \$20,000,000

Certificate attached: Yes No



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DECLARATION – TO BE SIGNED BY APPLICANT

- I declare that the information provided by me in this application is true to the best of my knowledge.
- I understand that I must notify the Kimberley Ports Authority in writing if there are any changes to the details set out in this application.

Signed: _____ Date: _____

Name and position of signatory: _____

HARBOURMASTER'S DECISION

The Harbourmaster has reviewed the application and based on the information provided:

Approves this application

Rejects this application

Approves this application with the following conditions:

Signed: _____ Name: _____

HARBOURMASTER

FOR OFFICIAL USE ONLY

		INITIALS	DATE
Position of Mooring Site Approved:	<input type="checkbox"/> GPS Position ° 'S ° 'E		
Documents Processed:	Design: <input type="checkbox"/> Static <input type="checkbox"/> Dynamic		
New Owner:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Invoiced for Mooring Site Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details Entered (Ops):	<input type="checkbox"/> File <input type="checkbox"/> Database <input type="checkbox"/> Chart		
Entered into ELO	<input type="checkbox"/> Yes <input type="checkbox"/> No		