



**APPLICATION FOR ALTERNATIVE
VESSEL ON AN EXISTING MOORING
SITE PERMIT**

File ref: MOO
Version: 2.1 / 179761
Issue date: September 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 allow applicants to determine that they have all information required to complete the application properly. Applicable insurance shall be at the minimum outlined in the table, under "Insurance Details" below.

If an applicant has any questions please contact KPA via operations@kimberleyports.wa.gov.au or via the website: www.kimberleyports.wa.gov.au

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

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

ADDITIONAL 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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MOORING DESIGNER'S DETAILS		Name: _____
Postal Address: _____		Residential Address: _____
Mobile: _____		Email: _____

INSURANCE DETAILS: <i>Applicable insurance is mandatory. Certificate of Currency must be attached.</i>	
PROFESSIONAL INDEMNITY: \$10,000,000	
Underwriter: _____	Valid to: _____
Policy Number: _____	Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
PUBLIC LIABILITY: \$20,000,000	
Underwriter: _____	Valid to: _____
Policy Number: _____	Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTRACT WORKS (if KPA deems applicable): Reinstatement value of the works	
Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MOTOR VEHICLE THIRD PARTY LIABILITY (if KPA deems applicable): \$20,000,000	
Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHECKLIST	<i>A copy of this application will be returned to you upon approval.</i>
<input type="checkbox"/> Application Form completed and signed; <input type="checkbox"/> Insurance Certificate of Currency enclosed; <input type="checkbox"/> Design Analysis requirements as per 6.2 of Mooring Procedures.	

ADDITIONAL DOCUMENTS FOR REVIEW
Kimberley Ports Authority's: <ul style="list-style-type: none"> <input type="checkbox"/> (a) Terms and Conditions; <input type="checkbox"/> (b) Mooring Procedures; and <input type="checkbox"/> (c) Cyclone Contingency Plan. <p>These documents are available on www.kimberleyports.wa.gov.au.</p> <p>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.</p>



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MOORING OWNER DECLARATION

- 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.
- I declare that this mooring complies with section 6 of the KPA Mooring Procedures.
- I declare the vessel in this application is suitable for the design and condition of this mooring.

Signed: _____ Date: _____

Name and position of signatory: _____

HARBOUR MASTER'S DECISION

The Harbour Master 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: _____

HARBOUR MASTER

FOR OFFICIAL USE ONLY

	INITIALS	DATE
Documents Processed: Design: <input type="checkbox"/> Static <input type="checkbox"/> Dynamic <input type="checkbox"/> Insurance		
Applicant Advised: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Details Entered (Ops): <input type="checkbox"/> File <input type="checkbox"/> Database		
Entered into ELO: <input type="checkbox"/> Yes <input type="checkbox"/> No		