

 KIMBERLEY PORTS AUTHORITY <i>Broome Port Services</i>	SURRENDER OF EXISTING MOORING PERMIT	File ref: MOO
		Version: 2.0 / 179765
		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 allow applicants to determine that they have all the information required to complete the application properly.

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	

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

OWNER'S INTENTION
Is it the Owner's intention to: <input type="checkbox"/> Remove the mooring <input type="checkbox"/> Hand ownership back to KPA
Has mooring already been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the Owner wishes to surrender the mooring to KPA, mooring must have a valid Annual Inspection in place. If not, the mooring will be inspected and will be removed at the Owner's expense if it does not pass inspection.

CURRENT MOORING INSTALLER/INSPECTOR DETAILS	Name: _____	
Postal Address: _____	Residential Address: _____	
Mobile: _____	Email: _____	
Emergency Contact: _____	Ph: _____	



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CURRENT NAVAL ARCHITECT/ DESIGNER'S DETAILS		Name: _____
Postal Address: _____	Residential Address: _____	
Mobile: _____	Email: _____	

DECLARATION – TO BE SIGNED BY APPLICANT
<ul style="list-style-type: none"> • 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 <input type="checkbox"/>
Rejects this application <input type="checkbox"/>
Approves this application <input type="checkbox"/> with the following conditions:

Signed: _____ Name: _____
HARBOUR MASTER

FOR OFFICIAL USE ONLY		
	INITIALS	DATE
Position of Mooring Site: <input type="checkbox"/> GPS Position ° 'S ° 'E		
Details Entered (Ops): <input type="checkbox"/> Yes <input type="checkbox"/> Database <input type="checkbox"/> Chart		
Entered into ELO: <input type="checkbox"/> Yes <input type="checkbox"/> No		