

PORT OF APOLLO BAY
Long Term Berth/Mooring Permit Application
(for a period of greater than 3 months)



NAME _____ (The Applicant)

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS (if applicable) _____

Ph. (Private) _____ Ph. (Business) _____ Ph. (Mobile) _____

EMAIL ADDRESS _____

NAME OF VESSEL _____

REGISTRATION OR SURVEY NUMBER _____

TYPE OF VESSEL _____

VESSEL USAGE _____

ENGINE TYPE _____

BOAT WEIGHT (light displacement) _____

LENGTH (include bowsprit, raised legs & boards) _____ BEAM _____ DRAFT _____

CURRENT LOCATION _____

BERTH OR MOORING SOUGHT _____

To complete your application please supply good quality close up external photos of vessel.

I understand that I may be placed on a waiting list, the criteria of which is contained in the PORT OF APOLLO BAY GUIDELINES - Renewal of Annual Permits, Processing of Applications and Assessment of Waiting List for Allocation of Pen Berths and Swing Moorings

SIGNATURE OF APPLICANT _____ DATE _____

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