

**FORM PAB 6  
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 \_\_\_\_\_

***For new applications or renewals with a change of vessel, 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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