

## **CHECKLIST FOR LONG TERM BERTH/MOORING APPLICATIONS.**

Both new and renewal applications for long-term berths or moorings require additional documents.

Please submit current copies of the following, along with this form, which should be complete, signed and dated on both pages.

- Current Certificate of Registration for vessel named
- Current Insurance Policy for vessel named
- Current Certificate of Survey (commercial vessels only)

*If your application is a new one and you do not yet own a vessel, please contact the Port of Apollo Bay office regarding your intention to purchase a vessel.*

Please return completed documents via any of the following methods:

by email to: [inq@colacotway.vic.gov.au](mailto:inq@colacotway.vic.gov.au)  
OR  
in person or by mail to the Port office at:

Port of Apollo Bay  
Colac Otway Shire  
1 Breakwater Road APOLLO BAY VIC 3233

**Only completed applications will be considered for renewal of existing berth or mooring.**

Should you have any queries please contact us by phone:

Manager, Port of Apollo Bay	5232 9475
Team Leader, Port of Apollo Bay	5232 9582
Administrator, Port of Apollo Bay	5232 9469

E-mail: [inq@colacotway.vic.gov.au](mailto:inq@colacotway.vic.gov.au)

**FORM PAB 6  
PORT OF APOLLO BAY  
Long Term Permit Application – Swing Mooring  
(12-month period)**



NAME \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS (if applicable) \_\_\_\_\_

Phone (Best Contact) \_\_\_\_\_ (Other) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF VESSEL \_\_\_\_\_

REGISTRATION OR SURVEY NUMBER \_\_\_\_\_

TYPE OF VESSEL (best description of your vessel) \_\_\_\_\_

VESSEL USAGE \_\_\_\_\_

ENGINE TYPE \_\_\_\_\_

BOAT WEIGHT (light displacement) in tonnes \_\_\_\_\_

LENGTH (inc. bowsprit, raised legs & boards) in metres \_\_\_\_\_ BEAM \_\_\_\_\_ DRAFT \_\_\_\_\_

CURRENT LOCATION : Swing Mooring

BERTH OR MOORING SOUGHT (new applications only) \_\_\_\_\_

***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 \_\_\_\_\_

The personal information requested on this form is being collected by Colac Otway Shire for municipal purposes as specified in the Local Government Act 1989. The Council will use this information only for the specific purpose of collection or for directly related purposes. The information will not be disclosed except as required or specifically authorised by law. You may request access to any personal information that Council may have collected about you. Also, you may request correction of your personal information if you can establish that it is not accurate or complete. Requests should be directed to Council's Privacy Officer on telephone 03 5232 9400.

Swing Mooring Holders

**Declaration of Mooring Integrity**

As the holder of a swing mooring at Port of Apollo Bay, I acknowledge that the Port of Apollo Bay will arrange annual inspection of my allocated mooring by a certified diving contractor in order to certify that it is compliant with Port of Apollo Bay standard swing mooring apparatus and in serviceable condition. I agree to make any repairs that are recommended by the annual mooring report.

**also**

**Acknowledgement of Safety and Environmental Management Plan (SEMP)**

The current version of the Port of Apollo Bay Safety and Environment Management Plan (SEMP) – is located at:

***<http://www.colacotway.vic.gov.au/Council-the-shire/Permits-applications-forms/Port-of-Apollo-Bay-permits-applications>***

Please contact the Port of Apollo Bay office if you need a printed copy

As a Swing Mooring holder, I acknowledge that I am familiar with the Port of Apollo Bay Safety and Environment Management Plan (SEMP) – version 7 May 2018. I accept the overall objectives and agree to abide by the action plans contained within the document.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Inductor: \_\_\_\_\_

Signature of Inductor: \_\_\_\_\_