Form PAB 8 PORT OF APOLLO BAY Casual Berth/Mooring Permit Application (for a period of less than 3 months)



<u>Description of vessel</u> BERTHED ON:	WHARF / M.	arina/ s	WING MOC	RING	(Port Off	icer delet	e as appro	opriate)
NAME OF VESSEL:					COLOUR	₹		
VESSEL TYPE:		VESSEI	L REGISTRAT	ION NO:	:			
WIDTH:	LENG	TH (includ	e bowsprit, rai:	sed motor	s and rear	boards): _		
ENGINE TYPE (inboard/out	tboard –petrol/die	sel) —						
SKIPPER NAME & PHONE	E NUMBER:							
SKIPPER EMAIL ADDRESS	S:							
VESSEL OWNER/COMPA	ANY:				(A	.BN)		
OWNER/COMPANY PO:	STAL ADDRESS:							
OWNER/COMPANY PHO	ONE NUMBER: _							
OWNER/COMPANY EM.	AIL ADDRESS: _							
IS SKIPPER, OWNER OR C								
PUBLIC LIABILITY INSURA	NCE HELD:	res / no	(delete a	s approj	priate)			
TO: The Port Officer								
I,(write name)							(The /	Applicant),
apply for a Casual Berthin and I am the owner or au Port Management (Local Apollo Bay User Terms au understand that Casual o a Port Officer to move munpaid berthing fee's and/	thorised person of Ports) Regulation of Conditions (of Coupancy is deeply vessel or dep	applying ons 2015, of which emed a poart if req	for the Permi Local Port B copies are period less that uired. <i>I also</i>	t. I under: erthing c available an 3 mon	stand the and Moori be upon re aths and I	vesseloccing Permit equest to the understand	upancy is g Conditions the Port of It that I may	governed by the and the Port o f Apollo Bay). y be directed by
GNATURE:DATE:								
2019/2020 Casual Vessel less than 15 Vessel from 20m to Vessel more than Non return of Mar	I Vessel Fees by No. 5m: \$3 on: \$3	<u>vessel leng</u> 536 (ir 550 (i 5147 (ir	gth (Includes I nc GST) day nc GST) day nc GST) day	<u>Jtilities)</u> Vessel Vessel	from 15m from 25m			(inc GST) day (inc GST) day
OFFICE USE ONLY - Port Of Upon payment of the requ the vessel listed above.			e a casual B	erthing/M	Nooring Pe	ermit is grar	nted to the	applicant for
Date Fee Paid/	/ Paym	nent Type	: EFTPOS/INV	OICE/O1	THER CO	S Receipt N	lo	
Date of Permit commence	ement/_	/	Date of de	parture .	/	/		
Approved by Delegated I	Port Officer:		Date:	/	/_	Key Nun	nber:	

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