

**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 _____

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.