



# Application to hold an Aquatic Event

## Marine Safety

### IMPORTANT

Applications must be submitted a minimum of **6 weeks** prior to the nominated aquatic event date or the application may not be processed and/or approved.

### Check list

Please ensure that you have addressed all applicable sections of the form prior to submission and include the following attached documents:

- A detailed chart/map of the area in which the event is to take place**
- A safety management system (SMS) including a risk assessment in relation to your event**
- If your event requires an exemption or a closed water area, please submit a separate, completed application for an Exemption/Closed Water Application form** (These forms can be requested by emailing [navigational.safety@transport.wa.gov.au](mailto:navigational.safety@transport.wa.gov.au) or phone 9431 1040)

**Official title of event** \_\_\_\_\_

Has this event been conducted in previous years?  Yes  No

If yes please provide brief information: \_\_\_\_\_

\_\_\_\_\_

### Details of applicant and organisation

Organisation: \_\_\_\_\_

Applicant Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Position Title (Where applicable): \_\_\_\_\_

Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Description of event(s) Dates and Times

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of competitors / participants: \_\_\_\_\_

Event Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Event End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

If event is more than 1 day please provide event start and end time for each date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contact details of event coordinator

(The person who can be contacted at any time prior to, during and post the event)

Full name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Event location

What city, town or other locality is the event taking place and specifically within what waterway?

**Attach a detailed chart/map of the area in which the event is to take place**

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## Vessel Information

Participant vessel/s

Please list quantity and type/class of vessels and individual registration numbers if applicable and where possible

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Support/safety/media vessel/s

Please list quantity and type/class of vessels and individual registration numbers if applicable and where possible

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Any other nominated vessel/s

Please list quantity and type/class of vessels and individual registration numbers if applicable and where possible

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## Declaration by Applicant

I hereby declare (*that I am authorised to act for the organisation as detailed on this form*) that the information contained in this application is true and correct to the best of my knowledge. I understand that by making a false or misleading declaration I may be guilty of an offence and subject to prosecution action by the Department.

I hereby confirm that I will accept costs incurred by the Department of Transport relating to placement of advertisements pertaining to closure of Navigable Waters, General Notices To Mariners and the cost of publication in the Government Gazette where deemed necessary and required.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full name of Applicant \_\_\_\_\_

**Note: Following assessment by the Department, applicants will be advised in writing of the outcome of this application which may be subject to specific conditions.**

For more information regarding safety equipment please visit our website:  
[www.transport.wa.gov.au/imagine/about-safety-equipment.asp](http://www.transport.wa.gov.au/imagine/about-safety-equipment.asp)

Completed applications are to be sent to the attention of the  
Aquatic Events Officer, Department of Transport, Marine Safety  
By email: [navigational.safety@transport.wa.gov.au](mailto:navigational.safety@transport.wa.gov.au) or by mail: GPO Box C102, PERTH WA 6839