

### BERTH & SLIPPING APPLICATION

PERSONAL DETAILS						
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	
First Name:			Last Name:			
Address:						
Postal Address: (If different from above)						
Phone - Home:			Phone - Work:			
Mobile:			Fax:			
Email Address:						

VESSEL DETAILS				
Name:			Registration:	
Make:			Model:	
Length of Deck:			Length Overall: (Includes all Extremities)	
Beam:			Draft:	
Weight:			Trailer Registration:	
Hull I.D. Number:			Number of Bungs:	
Fuel Type:	<input type="checkbox"/> ULP	<input type="checkbox"/> Diesel	<input type="checkbox"/> Premix 50:1	
Number of Hulls:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
Construction:	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Timber	<input type="checkbox"/> Aluminum	
	<input type="checkbox"/> Steel	<input type="checkbox"/> Other:		
Propulsion:	<input type="checkbox"/> Shafts	<input type="checkbox"/> Stern Drive	<input type="checkbox"/> Jet Drive	
	<input type="checkbox"/> Outboard	<input type="checkbox"/> Other:		
	<input type="checkbox"/> Sail Drive	No. of Shafts, Drives or Outboards:		

APPLICATION TYPE			
Berth or Storage Type	<input type="checkbox"/> Marina Berth	<input type="checkbox"/> Trailer Boat Storage	<input type="checkbox"/> Short Term Slipping, One way lift or Lift and Hold
	<input type="checkbox"/> Long Term Hardstand	<input type="checkbox"/> Storage Container	
Intended Arrival Date:		Intended Length of Stay:	

SHORT TERM SLIP OR LONG TERM HARDSTAND (IF APPLICABLE)			
Works or maintenance to be undertaken:	<input type="checkbox"/> Roller Applied Painting	<input type="checkbox"/> Spray Painting	<input type="checkbox"/> Hot Work (Welding, etc.)
	<input type="checkbox"/> Abrasive Blasting (Sand, Soda etc.)	<input type="checkbox"/> Raising/ Lowering Mast	<input type="checkbox"/> Other:
	Please describe:		
Contractors working on vessel: (If Applicable)			
Transport Company: (If Applicable)		Contact Number:	

INSURANCE POLICY DETAILS			
Insurance Issuer:			
Insurance Policy No.:		Expiry Date:	

I hereby apply for the allocation of a berth or storage area at Yaringa Boat Harbour and acknowledge that the lodgement of this application is subject to approval before entering the Harbour with my vessel. Yaringa Boat Harbour reserves the right to revoke approval of this application at any time, including upon inspection of vessel. I have read and understood the Yaringa Boat Harbour Berthing Agreement.

I have enclosed:

- This Signed Application Form
- Copy of current Insurance Policy
- Photograph or Plan of Vessel

Signed: \_\_\_\_\_

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

Date Received:	Date Processed:	Processed By:
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