

(CD) 2 6 7 TIJ 4 B O C 4 B CODD MAGTO CATE_OBJ CO.C. COME F O SEPA 6 6 P 4 S X X X C 2 TPO_ES A BATO CES NATURAS COMES C

Contact details of event coordinator

;OL WLYZVU ^OV JHU IL JVU[HJ[LK H[HU` [PTL WYPVY [V K\YPUN HUK WVZ]

† ‡

Event location

, ‰ • Š

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

Vessel Information

F

F•

F

Declaration b> Applicant

• [OH[0 HT H\[OVYPZLK [V HJ[MVY [OL VYNHUPZH[PVU HZ KL[HPSLK V Š • Š •

Œ

•

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.

www.transport.wa.gov.au/imarine/about-safety-equipment.asp

† ‡)"—^œ