

Application to be
an Approved
Mooring Inspector
at Broome Port.



DETAILS OF APPLICANT

Name of Company : _____

Applicants Name: _____

Postal Address : _____

Telephone No. _____ Fax No. _____

Emergency Contact No. _____

QUALIFICATIONS

DIVING _____

MOORING: _____

MARINE: _____

OTHER: _____

MOORING EXPERIENCE

EMPLOYER _____ **Years** _____

Duties _____

Referee _____ **Tel:** _____

EMPLOYER _____ **Years** _____

Duties: _____

Referee: _____ **Tel:** _____

INSURANCE COMPANY – PROFESSIONAL INDEMNITY \$5,000,000

COMPANY: _____

CONTACT NAME: _____

TEL: _____

INSURANCE COMPANY – PUBLIC LIABILITY \$5,000,000

COMPANY: _____

CONTACT NAME: _____

TEL: _____

DECLARATION - TO BE SIGNED BY APPLICANT

I declare that the information provided by me in this application is true to the best of my knowledge.

Broome Port Authority has the right to refuse any application or delist an inspector at any time at its discretion.

I understand that I must notify the Broome Port Authority in writing if there are any changes to the details set out in this application.

Signed : _____ Dated : _____

Broome Port Authority : PO Box 46, Broome, 6725
Telephone - 9192 1304 Fax - 9192 1778
Email - admin@broomeport.com
Website - www.broomeport.com

OFFICE USE ONLY

Applicant advised of approval/rejection : _____ Date : _____

Payment Received: _____

Applicant's details entered into database : _____ Date : _____