

**Mutual Recognition of Recreational Motor Boat Licence Application form**

Name: (in full) \_\_\_\_\_ Date of Birth    /    /

Residential Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Mobile \_\_\_\_\_

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

Current Interstate Licence No. \_\_\_\_\_ (Provide copy)

Certificate of Competency No. \_\_\_\_\_ (Provide copy)

Other : \_\_\_\_\_ (Provide copy)

**Declaration in respect of details required under Clause 20 of the *Marine and Safety (Motor Boats and Licences) By-laws 2013*.**

I declare that to the best of my knowledge:

**Answer Yes or No**

- |    |  |       |
|----|--|-------|
| 1. | I am physically capable of safely driving or having charge of a motor boat | _____ |
| 2. | I require glasses or other aids for vision to drive a motor boat           | _____ |
| 3. | I have an eyesight colour deficiency                                       | _____ |

**Signature:** ..... **Date:** .....

**PRESCRIBED FEE APPLICABLE - REFER MAST WEBSITE**

The personal information that we collect from you will only be used for the purpose for which it is provided and access to it will be given only to those whose function it is to deal with it or who are otherwise entitled by law to receive it. Failure to provide this information may result in your application not being able to be processed or the service not being able to be provided. Personal information may be accessed by you on request to MAST.