

PERSONAL WATERCRAFT ENDORSEMENT DECLARATION

APPLICANT'S DETAILS

FULL NAME(S)

STREET ADDRESS

POSTAL ADDRESS

DATE OF BIRTH

HOME

MOBILE

EMAIL

CURRENT INTERSTATE LICENCE NO.

Copy required

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

I am physically capable of safely driving or having charge of a personal watercraft

Yes / No

(please circle)

I require glasses or other aids for vision to drive a personal watercraft

Yes / No

(please circle)

I have an eyesight colour deficiency

Yes / No

(please circle)

CURRENT IDENTIFICATION SIGHTED

YES

please circle

I solemnly and sincerely declare this information to be true and correct

SIGNED BY LICENCE HOLDER

Before me,

NAME

SIGNATURE

(An authorised officer of Service Tasmania or MAST)

***This form is to be lodged at Service Tasmania or returned to Marine and Safety Tasmania
together with payment of the applicable fee***

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

Level 1, Port Tower Building, 18 Hunter Street, Hobart, Tasmania 7000

GPO Box 607, Hobart, Tasmania 7001

Telephone: (03) 6235 8888 Facsimile: (03) 6233 5662

www.mast.tas.gov.au