

**RECOGNITION OF INTERSTATE MOTOR BOAT  
 LICENCE / CERTIFICATE OF COMPETENCY APPLICATION**

**APPLICANT'S DETAILS**

FULL NAME(S)

STREET ADDRESS

POSTAL ADDRESS

DATE OF BIRTH  HOME  MOBILE

EMAIL

CURRENT INTERSTATE LICENCE NO.  *Copy required*

PERSONAL WATER CRAFT ENDORSED (PWC)  *(please circle)*

CERTIFICATE OF COMPETENCY 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 motor boat  *(please circle)*

I require glasses or other aids for vision to drive a motor boat  *(please circle)*

I have an eyesight colour deficiency  *(please circle)*

**CURRENT IDENTIFICATION SIGHTED**  *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