

**IMPORTANT: If you also hold a NSW driver licence, vehicle registration, combined licence and/or photo card, please complete the 'Change of Records - Road and Maritime Products' form instead and attend a Service NSW Centre.**

- You must provide original or certified copies of supporting documents to change name, pension concession status, medical conditions and some vessel details. Note: Change of name applications can only be submitted by mail or in person at any service centre.
- Should you require further information call 13 77 88 or visit any service centre. **Hearing or speech impaired?** Call us on the National Relay Service: TTY users phone 13 36 77 then ask for 13 22 13. Speak and Listen users phone 1300 555 727 and ask for 13 22 13.
- Once this form is completed, please refer to Section 9 on how to submit this form.

1.  **Customer name**

Note: To change your name, submit your application and required documents by mail or in person at any service centre.

Documentation required:

- A full **or** primary identity document showing your original name **and**
- A secondary identity document showing your original or new name **and**
- One** of the following documents evidencing your name change:
  - Marriage certificate issued by the NSW Registry of Births, Deaths and Marriages or Interstate equivalent (*Commemorative Certificates are not acceptable*)
  - Divorce decree (*bearing the name being reverted to*)
  - Change of name certificate issued by the NSW Registry of Births, Deaths and Marriages
  - Deed Poll registered with the relevant authority
  - Document showing evidence of change of name registered in the Land Titles Office, or
  - Birth certificate showing the name at birth and your new name (*Commemorative Certificates are not acceptable*).

**Customer address**

**Individuals** - No documentation is required. Complete and submit this form, or phone 13 77 88.

**Organisations** - Letter authorising the change required on the organisation's letterhead and signed by a Director/Secretary/President/Chairperson.

**Medical / Eyesight condition**

- A letter or report from a medical practitioner stating that your medical condition/disability will not affect your ability to safely operate a vessel

**Pensioner concession**

- A certified copy of **both** sides of your pensioner concession card is required.

**Vessel details** - No documentation is required for changes to vessel details noted in Section 5 of this form. Complete and submit this form.

**Engine details** - No documentation is required for changes to engine details in Section 5 of this form. Complete and submit this form.

2. **Customer details** (include all **NEW** details)

Family name

Given name(s)

Organisation name (if applicable)

Residential address (PO box not acceptable)

  

Postcode

Postal address (if different from residential address)

  

Postcode

Email address

  


Daytime number

Fax number

After hours / mobile number

3. **Personal details**

Date of birth

 /  /   
day month year

Gender

Male  Female  X

Are you of Aboriginal and/or Torres Strait Islander origin?

Yes  No

4. **Maritime details**

Boat licence number

or Vessel registration number

or

Mooring licence number

(continued next page)

Service NSW  
Agency Business Centre  
PO Box 21  
Parkes NSW 2870

[roads-waterways.transport.nsw.gov.au/maritime](https://roads-waterways.transport.nsw.gov.au/maritime) | 13 77 88 | F 02 8059 4470 | E [maritime.parkes@service.nsw.gov.au](mailto:maritime.parkes@service.nsw.gov.au)

5. Vessel / Engine details (include all **NEW** details)

**Note:** Vessel/engine detail changes for commercial vessels **cannot** be notified using this form. Please contact AMSA on 1800 627 484 for assistance

Vessel name

Vessel model

Hull colour

Topside colour

Engine manufacturer

Fuel type

Engine serial number

Engine horsepower

Tick applicable

Inboard

Outboard

Reason for engine change

(eg engine stolen / replaced / scrapped / traded-in / auxiliary motor)

  

6. Representative's Authority (if applicable)

*This section must be completed if you send someone else to conduct business on your behalf*

**I declare that the person below is my authorised representative**

Signature

Date

Representative's details

NSW driver licence / customer number

Name

Address

  

Postcode

Representative's signature

Date

7. Personal Information Collection Notice

Your privacy is important to us and our Privacy Statement explains why we collect your Personal Information and how we will manage it. You can obtain a copy of our Privacy Statement at [www.transport.nsw.gov.au/privacy-statement](http://www.transport.nsw.gov.au/privacy-statement) or by calling us to request a copy on **13 12 36**.

8. Declaration

I declare that I am the customer referred to above and that the details provided in this form are true correct.

Signature

Date

9. Submitting your form

Submit this completed form and **all** required documentation:

**Note:** If you are applying for a **change of name** you can **only** submit your form and documents in person or by mail.

**In person:** At any service centre

**By mail:** Service NSW  
Agency Business Centre  
PO Box 21  
Parkes NSW 2870

**By fax:** (02) 8059 4470

**By Email:** Scan and email this form and any supporting documents to:  
[maritime.parkes@service.nsw.gov.au](mailto:maritime.parkes@service.nsw.gov.au)

Transport for NSW / SNSW Office Use

Proof of Identity Record

Stand alone or primary proof

Secondary proof (if necessary)

Document number

Secondary proof issue or E/Date

Document produced to prove change

Date of issue or expiry date

TfNSW / SNSW location

Issue centre number

CSO / CSR signature

Staff number

Date

Number of attachments