

Application for Maritime Replacement Products

IMPORTANT

- Applications must be accompanied by Proof of Identity (POI) and the prescribed fee (cheque or money order if mailing application). For a
 full list of acceptable POI documents, current fees and further information visit <u>roads-waterways.transport nsw.gov.au/maritime</u> or
 contact us on 13 77 88.
- Complete the Representative's Authority section (overleaf) if authorising another person to apply for a replacement product on your behalf.
- If your application is for a replacement Personal Watercraft (PWC) licence, you must also complete an Application for Personal Watercraft Driving Licence, provide 2 colour passport acceptable photographs and have your identification verified.

DETAILS OF APPLICANT (block letters)								
Surname:								
Given names:								
Gender: Male Female X Are you of Aboriginal and/or Yes No Date of birth:								
Residential address (PO Box No. is not acceptable – application will not be processed unless residential address is supplied):								
Suburb:		State:		Postcode:				
Postal address (if same as residential please write 'as above'):								
Suburb:		State:		Postcode:				
Private number:	Mobile number:	Business		number:				
Email address:								
REPLACEMENT PRODUCT (please tick appropriate box/es)								
General Boat Driving Licence PWC Driving Licence (an Application for Personal Watercraft Driving Licence)								
Vessel Registration Certificate								
Boat licence number (if known)		Registration number (if known)						
These product/s have been lost/destroyed under the following circumstances and to the best of my knowledge no improper use has or is being made of these document/s:								
boing made of those decuments.								
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 or by calling us to request a copy on 13 12 36.								
DECLARATION								
I declare that I am the customer referred to above and that the details provided in this form are true and correct.								
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Applicant's signature:

Date:

PROOF OF IDENTITY									
This section must be completed for all applicants. The applicant's proof of identity must be verified by an authorised signatory. Acceptable signatories are any Service NSW Officer, Police Officer, Justice of the Peace, Judge, Magistrate, Bank Manager, Legal Practitioner or School Principal.									
Authorised Signatory's use									
Full proof of ID: Document name:	Document name:			No.:					
Primary proof of ID: Document name:	ID: Document name:			No.:					
Secondary proof of ID:Document name:			No.:						
Authorised signatory's name:									
Authorised signatory's official no.									
Name of Agency:	Official Stamp (if applicable)								
Authorised signatory's signature:		Date:	day month	year	(if applicable)				
REPRESENTATIVE'S AUTHORITY									
I authorise the person named below to apply for the replacement product on my behalf.									
Applicant's signature:	Date: / / / year								
Representative's details									
Surname:									
Given names:									
Residential address (PO Box No. is not acceptable – application will not be processed unless residential address is supplied):									
Suburb:			State:		Postcode:				
Phone number:	number: Representative's signat				Date: / / / / / / / / / / / / / / / / / / /				
PLEASE SUBMIT COMPLETED FORM AND REQUIRED DOCUMENTATION TO:									
In person At any Service NSW Centre Agency Business Centre PO Box 21 PARKES NSW 2870									
OFFICIAL USE ONLY: (Represen	ntative's Identii	fication)						
Full proof of ID: Document name: No.:									
Primary proof of ID: Document name:				No.:					
Secondary proof of ID:Document name:				No.:					
Authorised Officer's name:									
Authorised Officer's location:					Official Stamp				
Date of Lodgement: / / / / / / / / / / / / / / / / / / /					(if applicable)				