PORT AUTHORITY
OF NEW SOUTH WALES

APPLICATION FOR SPECIAL RECREATIONAL VESSEL PERMIT
(Marine Safety Act 1998)

Name:

E-mail:

Phone: M:

Vessel Name:

Please tick area to which the Special Recreational Vessel permit applies.

☐ Botany Sydney: ☐ Main Harbour ☐ Whole Harbour

For all Special Recreational Vessel permit enquiries, please email colkexams@portauthoritynsw.com.au

On the day, please bring the **original documents** listed below.

Special Recreational Vessel Permit	Checkbox
Evidence of Qualifying Time or Experience (letter from employer or record of service book	☐
A valid Certificate of Competency certificate no. expiry date:	☐
1102A valid Certificate of Medical Fitness that is required by the Certificate of Competency above	☐
Payment of $1,600	☐

By submitting this form, you agree that any personal information provided, including any additional personal information supplied as part of your application, will be (i) collected for the purpose of processing your application and (ii) handled in accordance with Port Authority's Privacy Statement (available at www.portauthoritynsw.com.au).

X _____
Verified PANSW

X _____
Applicants Signature