

## 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 [www.rms.nsw.gov.au/maritime](http://www.rms.nsw.gov.au/maritime) 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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Are you of Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:      /      / day      month      year
Residential address <i>(PO Box No. is not acceptable – application will not be processed unless residential address is supplied):</i>		
Suburb:	State:	Postcode:
Postal address <i>(if same as residential please write 'as above'):</i>		
Suburb:	State:	Postcode:
Private number:	Mobile number:	Business number:
Email address:		

## REPLACEMENT PRODUCT *(please tick appropriate box/es)*

<input type="checkbox"/> General Boat Driving Licence	
<input type="checkbox"/> PWC Driving Licence <i>(an Application for Personal Watercraft Driving Licence)</i>	
<input type="checkbox"/> Vessel Registration Certificate	
Boat licence number <i>(if known)</i>	Registration number <i>(if known)</i>
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:	
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## 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.

## DECLARATION

I declare that I am the customer referred to above and that the details provided in this form are true and correct.	
Applicant's signature:	Date:      /      / day      month      year

## PROOF OF IDENTITY

This section must be completed by applicants intending to forward their application by mail or have an authorised representative act on their behalf. The applicant's proof of identity must be verified by an authorised signatory. Acceptable signatories are any Police Officer, Justice of the Peace, Judge, Magistrate, Bank Manager, Legal Practitioner, School Principal or Service NSW Officer.

### Authorised Signatory's use

Full proof of ID: Document name:	No.:
Primary proof of ID: Document name:	No.:
Secondary proof of ID: Document name:	No.:
Authorised signatory's name:	
Authorised signatory's official no.	<b>Official Stamp (if applicable)</b>
Name of Agency:	
Authorised signatory's signature:	
Date: day / month / year	

## REPRESENTATIVE'S AUTHORITY

I authorise the person named below to apply for the replacement product on my behalf.

Applicant's signature:	Date: day / month / year	
<b>Representative's details</b>		
Surname:		
Given names:		
Residential address ( <i>PO Box No. is not acceptable – application will not be processed unless residential address is supplied</i> ):		
Suburb:	State:	Postcode:
Phone number:	Representative's signature:	Date: day / month / year

## PLEASE SUBMIT COMPLETED FORM AND REQUIRED DOCUMENTATION TO:

<b>In person</b> At any Service NSW Centre	<b>Mail</b> Agency Business Centre PO Box 21 PARKES NSW 2870
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## OFFICIAL USE ONLY: (*Representative's Identification*)

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:	<b>Official Stamp (if applicable)</b>
Authorised Officer's location:	
Date of Lodgement: day / month / year	