

IMPORTANT

- Applications must be accompanied by Proof of Identity (POI) and the prescribed fee. For a full list of acceptable POI documents, current fees and further information visit rms.nsw.gov.au or contact us on 13 77 88.
- If you wish to pay via credit card please complete the credit card authority form available at rms.nsw.gov.au/documents/maritime/credit-card-authority-form.pdf and attach with this application.
- 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 PWC Photo 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 Torres Strait Islander origin? Yes No

Date of birth: / /
 day month year

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:

Fax number:

Email address:

REPLACEMENT PRODUCT (please tick appropriate box/es)

General Boat Driving Licence

PWC Driving Licence (an application for Photo Licence must also be completed)

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:

DECLARATION

I declare that I am the customer referred to above and that the details provided in this form are true 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. Their proof of identity must be verified by an authorised signatory. Acceptable signatories are any Police Officer, Justice of the Peace, Judge, Magistrate, Bank Manager, Solicitor, School Principal, Roads and Maritime Services, Service NSW or Government Access Centre (GAC) Officers.

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.	
Name of Agency:	
Authorised signatory's signature:	Date: day / month / year

Official Stamp
(if applicable)

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	
Representative's details		
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 TO:

In person At any registry or Service NSW	Mail 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:	
Authorised Officer's location:	
Date of Lodgement: day / month / year	

Official Stamp
(if applicable)