



GOVERNMENT OF BERMUDA
Ministry of Transport

Department of Marine and Ports Services

NEW MOORING APPLICATION

Owner Acct. No.
Form No.
Area:

Date Stamp & Receipt #:

PLEASE NOTE **ALL** SECTIONS OF THE FORM ARE TO BE COMPLETED TO ENSURE THE APPLICATION CAN BE PROCESSED.

SURNAME:	FIRST NAME:
HOUSE NUMBER:	STREET:
PARISH:	POSTAL CODE:
HOME PHONE NO.:	CELL/WORK NO.:

DO YOU OWN OTHER MOORINGS? YES ___ NO ___ IF SO:

PLEASE LIST CURRENT MOORING REGISTRATION NUMBERS.

1.	2.	3.	4.
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PLEASE LIST CURRENT BOAT REGISTRATION NUMBERS.

1.	2.	3.	4.
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PLEASE INDICATE THE LOCATION OF THE MOORING ON THE ATTACHED **GRID CHART** FORM. A MARKER BOUY WITH YOUR NAME IS TO BE PLACED IN THE APPLIED POSITION. (SUCH AS AN EMPTY CLOROX BOTTLE).

PLEASE PROVIDE BOAT DETAILS FOR THE MOORING YOU ARE APPLYING FOR BELOW:

BOAT NAME:	BOAT REG. #:	LENGTH:
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APPLICANT SIGNATURE: _____

PLEASE NOTE THAT THE APPLICATION PROCESS WILL TAKE 6 TO 8 WEEKS BEFORE YOU ARE NOTIFIED ABOUT APPROVAL OR REFUSAL.

FOR OFFICE USE ONLY:

APPROVED:	REFUSED:
DATE:	GRID REFERENCE:
PORT AUTHORITY SIGNATURE:	

COMMENTS: