

Marine and Safety Tasmania

Interstate Motor Boat Licence Declaration Form

Name: (in full) _____ **Date of Birth** / /

Residential Address: _____ **Post Code** _____

Postal Address: _____ **Post Code** _____

Phone: (H) _____ **Mobile** _____

Email: _____

Current Interstate Licence No. _____

Certificate of Competency No. _____

Declaration in respect of details required under Clause 20 of the *Marine and Safety (Motor Boats and Licences) By-laws 2013*.

I declare that to the best of my knowledge:

Answer Yes or No

- | | | |
|----|--|-------|
| 1. | I am physically capable of safely driving or having charge of a motor boat | _____ |
| 2. | I require glasses or other aids for vision to drive a motor boat | _____ |
| 3. | I have an eyesight colour deficiency | _____ |

Signature: **Date:**.....

The personal information that we collect from you will only be used for the purpose for which it is provided and access to it will be given only to those whose function it is to deal with it or who are otherwise entitled by law to receive it. Failure to provide this information may result in your application not being able to be processed or the service not being able to be provided. Personal information may be accessed by you on request to MAST.