

*Office Use Only – Service Tasmania*  
 Copy of Evidence of Identity attached  
 Copy of evidence of Change of Name attached (if applicable)  
 Copy of Visual Acuity Certificate (if applicable)  
 Service Tasmania STARS codes: **DUPLIC / CERTOFREG**  
*(where applicable)*

## APPLICATION FOR CHANGE OF DETAILS

### APPLICANT'S NAME, CURRENT ADDRESS AND CONTACT DETAILS

**\*This section and signature overleaf must be completed\***

<b>SURNAME</b>			
<b>GIVEN NAME(S)</b>			
<b>STREET ADDRESS</b>			
<b>SUBURB</b>		<b>POSTCODE</b>	
<b>POSTAL ADDRESS</b>			
<b>SUBURB</b>		<b>POSTCODE</b>	
<b>DATE OF BIRTH</b>		<b>CONTACT NUMBER</b>	
<b>EMAIL</b>			

### CHANGE OF NAME

<b>SURNAME</b>	
<b>GIVEN NAMES</b>	

*\* Copy of Marriage or Change of Name Certificate to be attached*

### CHANGE OF MOTOR BOAT LICENCE DETAILS

<b>MOTOR BOAT LICENCE NUMBER</b>		
<b>VISUAL AIDS REQUIRED</b>	<b>Yes / No</b> <i>Please circle</i>	<b>COLOUR DEFICIENCY</b> <i>(Colour Blindness)</i>
		<b>Yes / No</b> <i>Please circle</i>

**\*\* If removing visual aids or colour deficiency condition, current certificate of visual acuity must be provided**

<b>REMOVAL OF PWC ENDORSEMENT</b>	<b>Yes / No</b> <i>Please circle</i>
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<b>REPLACEMENT PLASTIC LICENCE CARD REQUIRED</b>	<b>Yes / No</b> <i>Please circle</i>	<b>**Fee applies</b>
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## CHANGE OF VESSEL DETAILS

REGISTRATION  
NUMBER

VESSEL NAME

*Subject to MAST censure & approval*

REQUESTED IDENTIFIER TO BE DISPLAYED ON VESSEL

*Must be unique and approved by MAST prior to processing*

HULL IDENTIFICATION NUMBER (HIN)

WHERE VESSEL KEPT

Marina / Boatshed / Jetty / Trailer  
Slipway / Mooring / Car Topper / Tender

*Please circle*

POSTCODE OF PLACE  
OF STORAGE

MARINA NAME OR MOORING PERMIT NO. WHERE VESSEL STORED

COLOUR OF VESSEL

*(Hull Colour)*

*(Cabin / Other Colour)*

REPLACEMENT CERTIFICATE OF REGISTRATION REQUIRED

Yes / No

*Please circle*

**\*\* Fee Applies**

## CHANGE OF ENGINE DETAILS *(If more than two engines please supply details on a separate sheet)*

**ENGINE 1:**

PROPULSION

Outboard / Inboard  
Sterndrive / Jet

*Please circle*

FUEL

Petrol / Diesel / Electric  
Other

*Please circle*

MAKE

SERIAL NO

YEAR OF  
MANUFACTURE

ENGINE CAPACITY  
HP / KW / CC

*(Please Circle)*

**ENGINE 2:**

PROPULSION

Outboard / Inboard  
Sterndrive / Jet

*Please circle*

FUEL

Petrol / Diesel / Electric  
Other

*Please circle*

MAKE

SERIAL NO

YEAR OF  
MANUFACTURE

ENGINE CAPACITY  
HP / KW / CC

*(Please Circle)*

I solemnly and sincerely declare this information to be true and correct

**SIGNATURE OF APPLICANT**

DATE

***This form can be lodged at any Service Tasmania together with supporting documentation and fees where applicable***

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.