



LODGEMENT INFORMATION

May be lodged at any Service SA Customer Service Centre

For enquiries please phone **13 10 84**

Website: www.sa.gov.au/boatingmarine

ABN: 92 366 288 135

READ THIS FIRST

1. This form is used to apply for the replacement of a Certificate of Motor Boat Registration, Certificate of Temporary Motor Boat Registration or Registration Label for a vessel that is registered for recreational use.
2. This form must be completed and personally signed by the Principal or Joint registered owner.
3. Each registration holder must provide Evidence of Identity and, for a person, Evidence of Age. Refer to the *Evidence of Identity leaflet (MR583)* available at Service SA Customer Service Centres or www.sa.gov.au/boatingmarine
4. Please use 'BLOCK' letters and complete the relevant sections.
5. The information provided on this form is protected according to the South Australian Government's Information Privacy Principles, but may be subject to access under the *Freedom of Information Act 1991*. The *Freedom of Information Act 1991* gives a person a right to be given access to information held by the Government in accordance with the Act.

1. ABOUT THE REGISTERED OWNER(S)

PRINCIPAL REGISTERED OWNER

Given Name(s)
(If applicable)

Surname/Body Corporate Name

Date of Birth
(eg 4th June 1960 – 04/06/1960) / / Sex Male Female Boat Licence No.

Residential/Business Address
(Number and Street)

Suburb State Postcode

Postal Address
(If same as residential, write "as above")

Suburb State Postcode

JOINT REGISTERED OWNER (If applicable)

Given Name(s)

Surname

Date of Birth
(eg 4th June 1960 – 04/06/1960) / / Sex Male Female Boat Licence No.

Residential/Business Address
(Number and Street)

Suburb State Postcode

Postal Address
(If same as residential, write "as above")

Suburb State Postcode

CONTACT TELEPHONE NO.

Daytime Phone No.
(only if convenient)

2. DECLARATION

I hereby apply for a replacement: *Certificate of Motor Boat Registration / Certificate of Temporary Motor Boat Registration / Registration Label
(*Delete whichever does not apply)

I declare that the original certificate/label issued to me has been – (surrendered, lost, destroyed etc.)

Please enter reason

Registration Number

3. SIGN HERE

Signature

Date

A person must not, in providing information, make a statement that is false or misleading. Penalties apply.

PAYMENT OPTIONS

- Cheques should be made payable to “Department for Transport, Energy and Infrastructure” and marked “NOT NEGOTIABLE”.
- Credit card payment: Payment may be made by MasterCard or Visa.

AUTHORISATION OF CREDIT CARD PAYMENT

Only complete these details if lodging form by post

Credit Card Type

MasterCard

Visa

Amount

Credit Card Number

Credit Card Expiry Date

CVV:

(Last 3 digits on the reverse of the card)

Name as written on Credit Card

Signature of Card Holder