

REPRESENTATIVE'S AUTHORITY

I authorise the person named below to apply for relocation of my mooring

Applicant's signature.....

REPRESENTATIVE'S DETAILS

Surname Given names

Address or daytime contact phone no.....

.....

Representative's signature Date/...../.....

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 signatory's name

Authorised signatory's signature Date:/...../.....



REGIONAL OFFICES

Sydney	North Coast	South Coast	Hunter/Inland	Hawkesbury/ Broken Bay	Murray River/ Inland
Locked Bag 5100 Camperdown NSW 1450	PO Box 4259 Coffs Harbour Jetty NSW 2450	PO Box 1441 Wollongong NSW 2500	PO Box 653 Newcastle NSW 2300	PO Box 797 Hornsby NSW 1630	440 Swift Street Albury NSW 2640