



GOVERNMENT OF BERMUDA
Ministry of Transport

Department of Marine & Ports Services

APPLICATION FOR FLOATING DOCK

As per requirement of the Bermuda Plan 1992 Planning Statement – please note that large marine developments (over 200 square feet in area or 24 feet in length or for commercial purpose) may have to be considered by the Development Applications Board, Department of Planning.

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.:

REQUIREMENTS:

- LETTER OUTLINING PURPOSE/USAGE OF THE DOCK. INCLUDE DOCK DIMENSIONS
- DRAWINGS OF THE DOCK DETAILING PLACEMENT OF WEIGHTS, CHAINS, GANGWAY AND DOCK TO SCALE
- AREA LOCATION: 1 PICTURE ZOOMED IN AND ONE PICTURE ZOOMED OUT, INDICATING THE EXACT LOCATION OF THE DOCK. SUGGEST USING GOOGLE EARTH OR THE MOORING LOCATION MAP AVAILABLE AT WWW.MARINEANDPORTS.BM
- APPLICATION FEE IS: \$300.00
- AFTER APPROVAL, FLOATING DOCK REGISTRATION IS: \$546

APPLICANT SIGNATURE: _____ DATE: _____

PLEASE NOTE THAT THE APPLICATION PROCESS WILL TAKE 4 TO 6 WEEKS BEFORE YOU ARE NOTIFIED ABOUT APPROVAL OR REFUSAL.

FOR OFFICE USE ONLY:

DATE OF INSPECTION (INSPECTING OFFICER):	APPROVED/REJECTED (WITH COMMENTS):
DEPARTMENT OF PLANNING PLANNING OFFICIAL:	APPROVED/REJECTED (WITH COMMENTS AS APPROPRIATE):
PORT AUTHORITY SIGNATURE (CHAIRMAN'S SIGNATURE):	



GOVERNMENT OF BERMUDA

Ministry of Transport

Department of Marine & Ports Services

APPLICATION FOR SWIMMING RAFT

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.:

REQUIREMENTS:

- LETTER OUTLINING PURPOSE/USAGE OF THE DOCK. INCLUDE DOCK DIMENSIONS
- DRAWINGS OF THE DOCK DETAILING PLACEMENT OF WEIGHTS, CHAINS, GANGWAY AND DOCK TO SCALE
- AREA LOCATION: 1 PICTURE ZOOMED IN AND ONE PICTURE ZOOMED OUT, INDICATING THE EXACT LOCATION OF THE DOCK. SUGGEST USING GOOGE EARTH OR THE MOORING LOCATION MAP AVAILABLE AT WWW.MARINEANDPORTS.BM MARK THE AREA CLEARLY ON THE PICTURE
- PAY THE APPLICATION FEE \$300.00 UPON SUBMISSION OF THE APPLICATION
- A YEARLY FEE OF \$546 MUST BE PAID ONCE THE APPLICATION HAS BEEN APPROVED
- **DECAL MUST BE CLEARLY DISPLAYED ON THE BUOY OR PLATFORM**

APPLICANT SIGNATURE: _____ DATE: _____

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

INTERNAL USE ONLY:

APPLICATION FEE PAID: YES/NO (CIRCLE) REFERENCE#: _____

STAFF MEMBER: _____



GOVERNMENT OF BERMUDA
 Ministry of Tourism Development & Transport
 Department of Marine and Ports Services

BOAT REGISTRATION FORM

FOR OFFICE USE ONLY:

Owner Acct. No.:	Boat Reg No.:
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SURNAME:	FIRST NAME:
HOUSE NUMBER:	STREET ADDRESS:
PARISH:	POSTAL CODE:
HOME NO.:	CELL/ WORK NO.:
E-MAIL:	

BOAT NAME: _____

DIMENSIONS

Length:		FT		IN
Beam:		FT		IN
Draught:		FT		IN

COLOR

Cabin:	
Decks:	
Hull:	
Boot Line:	
Bottom:	

DESCRIPTION

Type of Boat:	Power Boat <input type="checkbox"/> Sail Boat <input type="checkbox"/> Jet Ski <input type="checkbox"/> Punt <input type="checkbox"/> Barge <input type="checkbox"/> Kayak <input type="checkbox"/>
Make of Boat:	
Where Built:	
Hull #:	
Material:	
Year:	

ENGINE

Engine Type:	Inboard <input type="checkbox"/> In/Outboard <input type="checkbox"/> Outboard <input type="checkbox"/> Jet <input type="checkbox"/>
Engine Make:	
Serial/VIN #:	
Power (HP):	
Fuel:	Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/>

SIGNATURE OF OWNER: _____



GOVERNMENT OF BERMUDA

CHECKLIST FOR JET SKI INSPECTIONS

COMPANY NAME: _____

INSURANCE: (YES) ___ (NO) ___

INSPECTOR: _____ INSPECTION DATE: _____

JET SKI'S: _____ QUANTITY OF "R" SKI'S

- Rental # _____ FIRE EXTINGUISHER _____ whistles _____ mirrors _____
- Rental # _____ FIRE EXTINGUISHER _____ whistles _____ mirrors _____
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- Rental # _____ FIRE EXTINGUISHER _____ whistles _____ mirrors _____
- Rental # _____ FIRE EXTINGUISHER _____ whistles _____ mirrors _____
- Rental # _____ FIRE EXTINGUISHER _____ whistles _____ mirrors _____

GUIDE SKI'S: _____ QUANTITY OF "GUIDE" SKI'S

Registration # _____ Registration # _____ Registration # _____ FIRE EXTINGUISHER x
(amount) _____ whistles x (amount) _____ mirrors x (amount) _____

Tow Rope x (amount) _____ VHF radio x (amount) _____ Flares x (amount) _____ In Date? (YES) ___ (NO) ___

COMMENTS: _____

INITIAL WHEN FULLY PASSED: _____



GOVERNMENT OF BERMUDA

Ministry of Transport
Department of Marine & Ports Services

Checklist for Charter Boat Inspection

VESSEL NAME: _____

VESSEL LENGTH: _____ NUMBER OF PASSENGERS: _____

INSURANCE: EXPIRATION DATE: _____ FIRE CERTIFICATE:

INSPECTOR: _____ INSPECTION DATE: _____

LIFE JACKETS: Required: Adult (type1): _____ Child: _____

Actual: Adult (type1): _____ Child: _____

LIFE RING(S) _____ Under 40' -1 Over 40'-2 Over 60'-4

BUOYANCY APPARATUS: _____ Quantity _____ Capacity
_____ Quantity _____ Capacity
_____ Quantity _____ Capacity

ANCHORS: _____ Required CHAIN: Required ROPE: PLATFORM (WITH LADDER):

FLARES/MARKERS:

- Red Ariel Rockets: _____ Expires: _____
- Red Handheld Flares: _____ Expires: _____
- Orange Smoke Flares: _____ Expires: _____
- Dye Markers: MIRROR:

FLASHLIGHT(S): _____ FIRST AID KIT: CLEAN: # BUCKETS: _____

OXYGEN KIT: INSPECTED: CLEAN: FULL: LAST HYDRO DATE: _____

EXTINGUISHERS: _____ LBS DCB _____ LBS DCB _____ LBS DCB

Automatic Extinguisher System: Fire Blanket: (if galley in use)

NAVIGATIONAL/ COMMUNICATION:

VHF: Compass: Horn: Navigational Lights: _____

Radio Call Sign: _____ MMSI: _____

406MHz EPIRB: Expires _____ Hex code: _____

BILGE PUMPS: Manual: _____ Electrical: _____

COMMENTS:-



GOVERNMENT OF BERMUDA

CHECKLIST FOR JET SKIS AND WATERSPORTS INSPECTIONS

(Write all R#'s on the back of this page)

COMPANY NAME: _____ INSURANCE: (YES) _____

INSPECTOR: _____ INSPECTION DATE: _____

JET SKI'S: FIRE CERTIFICATE: (YES) _____

_____ QUANTITY OF "R" SKI'S R#'S _____

R#'S _____

FIRE EXTINGUISHER x (amount) _____ whistles x (amount) _____ mirrors x (amount) _____

GUIDE SKI'S: FIRE CERTIFICATE: (YES) _____

_____ QUANTITY OF "GUIDE" SKI'S REGISTRATION # _____ REGISTRATION # _____ -

FIRE EXTINGUISHER x (amount) _____ whistles x (amount) _____ mirrors x (amount) _____

Tow Rope x (amount) _____ VHF radio x (amount) _____ Flares x (amount) _____ In Date? (YES) _____ (NO) _____

KAYAK'S:

_____ QUANTITY - DOUBLE whistles x (amount) _____ mirrors x (amount) _____

_____ QUANTITY - SINGLE whistles x (amount) _____ mirrors x (amount) _____

PADDLE BOARD'S:

_____ QUANTITY whistles x (amount) _____ mirrors x (amount) _____

RENTAL BOATS: _____ QUANTITY RESCUE BOAT REG # _____

Bailers x (amount) _____ Anchor (w 100ft rope) x (amount) _____ Oars x (amount) _____

Flares (if required) x (amount) _____ In Date? (YES) _____ (NO) _____

Flashlights x (amount) _____ Life jackets x (amount) _____ Horn/whistles x (amount) _____

Mirrors x (amount) _____

OTHER ITEMS: whistles x (amount) _____ mirrors x (amount) _____

COMMENTS: _____

INITIAL WHEN FULLY PASSED: _____



Department of Marine & Ports Services

Island Boat Inspection

Date: _____

Registration No. _____ Acc.No. _____

PASSED

Name of boat: _____

Owners' name: _____

FAILED

Address: _____

Tel. No. Hm: _____ Cel. _____ Wk. _____

Boat Description

Type	
Make	
Built at	
Hull #	
Material	
Year built	

Length over all	ft	in
Beam	ft	in
Draught	ft	in
Colour of Hull		
Decks		
Cabin		
Bottom		

Engines

	Port	Starboard
Type		
Make		
Model		
Serial #		
H.P.		
Fuel		

Communications/Navigation

VHF Radio <input type="checkbox"/>	Call sign:
406 EPIRB <input type="checkbox"/>	No.
Cell phone <input type="checkbox"/>	No.
SSB <input type="checkbox"/>	Horn <input type="checkbox"/>
Radar <input type="checkbox"/>	Nav lights <input type="checkbox"/>

Intended Use

Sightseeing	Fishing	Sailing	Snorkel/ Diving	Other
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Area of Operation	Protected Waters	Inside Outer Reef	Inside Territorial Waters	Outside Territorial Waters 12-max .
Number of pass.				

Documentation

License Fee <input type="checkbox"/>	Fire Ext. Cert. <input type="checkbox"/>	Ins. Cert. <input type="checkbox"/>	Life Raft Cert. <input type="checkbox"/>
Gun lic. <input type="checkbox"/>	Resuscitator <input type="checkbox"/>	Dive Insp. Cert. <input type="checkbox"/>	

Stability

Test Required <input type="checkbox"/>	Test Not Required <input type="checkbox"/>	List < 7 degrees <input type="checkbox"/>	Freeboard > 12 inches <input type="checkbox"/>
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Hull

Standard of Construction <input type="checkbox"/>	Emergency Escapes <input type="checkbox"/>	Glass(windows etc.) <input type="checkbox"/>	Gangways <input type="checkbox"/>
Grab Rails <input type="checkbox"/>	Deck Railings <input type="checkbox"/>	Seating <input type="checkbox"/>	Toilet Facilities <input type="checkbox"/>
Steering Gear <input type="checkbox"/>	Emergency Steering Gear <input type="checkbox"/>		

Underwater Fittings

Shafts	Struts	Props	Rudders	Thru hulls	Sea cocks	Trim tabs

Engines

Fuel Tanks <input type="checkbox"/>	Filling System <input type="checkbox"/>	Fuel Supply <input type="checkbox"/>
Fire/Sound Proofing <input type="checkbox"/>	Exhaust System <input type="checkbox"/>	Remote Shut Off <input type="checkbox"/>

Electrical Installation

Wiring <input type="checkbox"/>	Fuse/Breaker Panel <input type="checkbox"/>	Engine Gauges <input type="checkbox"/>
Volt/Amp Meter <input type="checkbox"/>	Batteries <input type="checkbox"/>	Ventilation <input type="checkbox"/>

LPG Gas Installation

Gas Cylinders to be Suitably Stowed		Approved Gas Detector	
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Fire Appliances

Item	Required	Qty.	Remarks/location
1 ½ lb BCF <20 ft	At least one of		
2 ½ lb DCP <20 ft			
5lb CO2 <20 ft			
3lb BCF 20-40 ft	At least two of		
5 lb DCP 20-40 ft			
10lb CO2 20-40 ft			
3lb BCF >40 ft	At least four of		
5 lb DCB >40 ft			
10lb CO2 >40 ft			
Engine room extinguisher system for boats fitted with inboard engines	Fixed fire system with manual control		
	Instructions posted		
Over 50 ft carrying over 50 passengers	Fire pump, hose and nozzle		
Boats fitted with cooking facilities	2 lb DCP ext. and fire blanket		
Boats with gas inboard engines	Blower		
All boats fitted with inboard engines	Suitable insulation or fire retardant paint		

Life Saving Appliances

Note: All items to be clearly marked with the boats name and registration number.

Item		Qty.		Remarks
Lifejackets (Adult)	Type 1 USCG lifejacket for each person boat is licensed for			
Lifejackets (Child)	Type 1 USCG lifejacket for each child on board or 10% of capacity			
Lifejacket lockers	Stowed in clearly marked, dedicated lockers			
Life buoys	Boats <40 ft = 1 Boats 40-60 ft = 2 Boats >60 = 4			If operating at night, 1 to be fitted with automatic floating strobe light.
Life rafts/buoyant apparatus	For 60% of capacity of boat if operating offshore			
Solas grade Red aerial rockets	3			
Solas grade Red hand held flares	3			
Solas grade Orange smoke flares	3			
Dye marker	1			
Signal mirror	1			
Suitable, properly marked container for flare stowage				
Waterproof flashlight	< 40 ft = 1 > 40 ft = 2			
First aid kit	1			

Anchors

	Items	Anchor/size	Stowage	Securing bitts
Boat < 20 ft	2 anchors each with 3 ft chain and 100 ft rope			
Boats > 20 ft	2 anchors each with 5 ft chain and 200 ft rope			

Bilge Pumping

Boat size	Item	Yes	No	Demonstrated
< 20 ft	1 bailer <u>or</u> 1 manual bilge pump			
20-40 ft	1 bailer <u>and</u> 1 manual bilge pump			
>40 ft	2 bailers <u>and</u> 1 manual bilge pump			
All Island Boats	Fixed mechanical or electric system with all valves labelled			

Dive/Snorkelling/Parasailing boats

Certified resuscitator	1	Boarding ladder	
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Crew Requirements

	Number	Remarks
Pilot		
Pilot/Engine driver		
Engine driver		
Deckhand		

Other conditions

Inspectors' signature _____ Date _____

Department of Marine & Ports Services

MOORING APPLICATION

Owner Acct. No.
Form No.

Date Stamp Here:

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.
5.	6.	7.	8.

PLEASE LIST CURRENT BOAT REGISTRATION NUMBERS.

1.	2.	3.	4.
5.	6.	7.	8.

PLEASE INDICATE THE EXACT 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 4 TO 6 WEEKS BEFORE YOU ARE NOTIFIED ABOUT APPROVAL OR REFUSAL.

FOR OFFICE USE ONLY:

AREA:

PAYMENT REFERENCE NUMBER: #

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

COMMENTS:

DATE:	
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GOVERNMENT OF BERMUDA
Ministry of Transport

Department of Marine and Ports Services

MOORING APPLICATION INSTRUCTIONS

Application fee is \$109.00

An application form should be submitted to the Department of Marine and Ports. Moorings are granted on a **one mooring per boat basis**. Closed areas are on a listing at Marine and Ports (no moorings can be placed in a closed bay).

Place a marker with a heavy weight in the exact location you are applying for.

White Clorox bottles are preferred as they are easy to locate. If using another type of bottle please provide a description on your application form. Buoys and floats are not acceptable as they are ambiguous and difficult to pinpoint in areas that have many moorings.

Ensure your name is written clearly on the Clorox bottle. Bottles with no name will not be considered for approval.

If no marker is present when we conduct our inspection you will be notified and given a second opportunity to place a marker. After two inspections, and if still no marker, we will **cancel** your application.

We will not approve applications that impact sea grass beds or corals.

Generally applications take 6-8 weeks to be approved. Please check back after the eight weeks to see if your application has been approved.

If you are refused you may reapply for an alternate spot.

If approved you must pay the mooring fee to obtain your decal and then register your location with the Department **within 28 days of approval**, otherwise your application will be cancelled. After approved for your mooring, you will receive a mooring decal. Your mooring should be in place and the decal affixed **within 2 weeks** of registering the spot.

In general the scope of a mooring should not exceed one and a half times the depth of the water. Bear this in mind when estimating swing space.

Be advised, **you do not own the spot**. It is considered to be "Queen's Bottom". You lease the right to drop a weight, chain, and buoy annually. **Transfer of any mooring license is subject to approval of the Department**, as NOT everyone is eligible for a mooring.

Once your spot is registered as a bona fide mooring it is your responsibility to keep it buoyed and marked with an up-to-date decal **at all times!!** Monitor your spot on a regular basis!! Unmarked or out of date moorings are considered illegal and may be removed or the license revoked. **Paying for your mooring alone does NOT secure your space, you must maintain it and have it clearly labeled with your decal.**



GOVERNMENT OF BERMUDA

Ministry of Transport

Department of Marine and Ports Services

MOORING RELOCATION REQUEST

OWNER ACCT. No.
FORM No.
AREA:

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

SURNAME:	FIRST NAME:
MOORING NO.	BUOY COLOUR:
BOAT ATTACHED?	REGISTRATION #:
BOAT DESCRIPTION:	BOAT NAME:
EMAIL:	

STATE THE REASON FOR THE UPGRADE?

PLEASE PROVIDE BOAT DETAILS FOR THE MOORING YOU WISH TO UPGRADE:

BOAT REG No.:	LENGTH:
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**PLEASE INDICATE THE LOCATION OF THE MOORING NOW AS WELL AS THE DESIRED NEW LOCATION ON THE GRID CHART PROVIDED.

APPLICANT SIGNATURE: _____

PLEASE NOTE THE REVIEW PROCESS WILL TAKE 4-6 WEEKS BEFORE YOU ARE NOTIFIED ABOUT APPROVAL OR RESFUSAL. ALL UPGRADES ARE PROVISIONAL FOR 1 YEAR

FOR OFFICE USE ONLY

SITE INSPECTION:	APPROVED	REFUSED
DATE:		
DATE:		

COMMENTS:

MOORING No.:	GRID REFERENCE:
PORT AUTHORITY SIGNATURE:	



GOVERNMENT OF BERMUDA
Ministry of Tourism and Transport

Department of Marine and Ports Services

New Account Activation Form

FOR OFFICE USE ONLY:

OWNER'S ACCOUNT NUMBER:

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PARISH: _____

POSTAL CODE: _____

HOME PHONE #: _____

CELL PHONE #: _____

WORK PHONE #: _____

E-MAIL: _____

DATE: _____

SIGNATURE: _____



GOVERNMENT OF BERMUDA

Ministry of Tourism Development & Transport

Department of Marine & Ports Services

PILING APPLICATION INSTRUCTIONS

Owner Acct. No.
Application No.

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED TO ENSURE THE APPLICATION IS PROCESSED CORRECTLY

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

DO YOU OWN MOORINGS? YES ___ NO ___, IF SO PLEASE LIST:

1.	2.	3.	4.
5.	6.	7.	8.

PLEASE PROVIDE DETAILS FOR THE PILINGS YOU ARE APPLYING FOR BELOW:

Number of Pilings Requested.....Is this for single private usage?.....

Registration number of the boat(s) that will be using the pilings?.....

.....

Are you the owner of the property where you seek to place these pilings?.....

Material of Pilings.....

Colour..... Circumference.....

Name of Contractor.....

APPLICANT SIGNATURE: _____

THE APPLICATION PROCESS WILL TAKE 6 TO 8 WEEKS BEFORE NOTIFICATION OF APPROVAL OR REFUSAL.

FOR OFFICE USE ONLY:	PAYMENT REFERENCE NUMBER:
AREA:	GRID REFERENCE:
APPROVED:	REFUSED:
PORT AUTHORITY SIGNATURE:	



GOVERNMENT OF BERMUDA

Ministry of Tourism Development & Transport

Department of Marine & Ports Services

PILING APPLICATION INSTRUCTIONS

This application form should be submitted to the Department of Marine and Ports accompanied with the following documents:

- a) Grid chart showing the general location, or Google Earth printout of the area.
- b) Engineering/Architectural drawings showing details of proposed piles in relationship to the foreshore or dock. Please indicate distances between each item, as well as width and height of piles.
- c) Written details as to the intended use of the pile(s). This should be letter form.
- d) Documentation that you own the property and survey map of the boundaries lines

Please submit all of the items along with the **application form and a processing fee of \$300.00 and \$218 per pile after approval.**

Upon approval you will be provided with a letter stating such. You have **6 months from the date on the letter in which to install the piles.** If you fail to do so approval is void and your application cancelled. You must then resubmit your application for consideration.

Once pilings are in place you must register them annually with the Department of Marine and Ports. Please present your approval letter, along with a photograph of the pilings as placed to complete this process. Upon payment of the annual registration fee you will receive a decal for each piling. Place the decals on the piles so that they are visible from the water side.

Pilings that are placed other than what was submitted and approved are subject to removal at the owner's expense.

If selling your property you should complete the Transfer of Licence for the pilings to the new owner.



GOVERNMENT OF BERMUDA

Ministry of Tourism Development & Transport

Department of Marine and Ports Services

UPGRADE MOORING LENGTH REQUEST

* **ALL** SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO ENSURE THE APPLICATION IS PROCESSED CORRECTLY.

ONLY THE MOORING LICENCEE CAN APPLY FOR AN UPGRADE FOR THEIR OWN VESSEL.

FIRST NAME:	LAST NAME:
MOORING NO. & BUOY COLOUR:	CURRENT REGISTERED MOORING LENGTH:
IS THERE A BOAT ATTACHED?	WHAT LENGTH ARE YOU APPLYING FOR:
TYPE OF BOAT AND LENGTH OF BOAT:	BOAT NUMBER:
BOAT NAME:	YOUR CURRENT ADDRESS: (PRINT CLEARLY)
EMAIL ADDRESS (PRINT):	

SIGNATURE OF MOORING OWNER – _____

THIS PROCESS WILL TAKE APPROXIMATELY 6-8 WEEKS BEFORE NOTIFICATION OF APPROVAL OR REFUSAL WILL BE SENT TO YOU BY LETTER. THE WEATHER/AVAILABILITY IS A FACTOR REGARDING THIS TIMEFRAME.

**** ALL UPGRADES ARE PROVISIONAL FOR 1 YEAR AND CAN BE REVOKED IF THERE IS INSUFFICIENT SPACE**

****SPECIFY THE APPROXIMATE LOCATION OF THE MOORING: ASK FOR THE GRID CHART /A GOOGLE EARTH MAP OR PRINT A PICTURE OFF OUR WEBSITE: WWW.MARINEANDPORTS.BM**

FOR OFFICE USE ONLY:

For Marine & Ports staff to fill in:

OWNER ACCT. No.:
FORM No.
AREA:

SITE INSPECTION:	APPROVED	REFUSED
DATE:		
DATE:		

COMMENTS OF MARINE SERVICE OFFICER: