

From: _____
 (Dealer Name)

Fax no: _____ Date: _____

Marine Dealer no.: _____

To: Auburn Dealer Business Centre Fax no.: 02 8059 4243

Email: MarineDealers@service.nsw.gov.au



Transport
for NSW

FAX

Maritime Interim Rego

Date:	
Customer Full Name:	
Customer Full Address:	
Customer Telephone no.:	
Concession:	<input type="checkbox"/> Yes <input type="checkbox"/> No (please check box)
HIN no.:	
PWC (Jetski):	<input type="checkbox"/> Yes <input type="checkbox"/> No (please check box)
Length:	
Rego fee:	
Kalamazoo no.:	

Registration no.: _____

Application no.: _____

Please note:

The Application number & Rego number must be recorded on the vessel registration paperwork.
 All applications must be submitted within 7 days
 Ensure a completed copy of this request is attached to the related application before being submitted.
 Auburn Dealer Business Centre
 PO Box 6487 SILVERWATER NSW 1811