|  |
| --- |
| **Company Contact Details** |
| Company |  | WA Member | Yes | No |
|  |  |
| Address |  |
|  | Post Code |  |
| Telephone |  | Contact Name |  |
| Email address |  | Is the address to be used for issuing any documentation |  |
| Assessment to take place at which Port |  |
|  |
|  **Personal Contact Details** |
| Name |  |
| Address |  |
|  | Post Code |  |
| Email address |  |
| Telephone |  | Mobile |  |
|  |
| **Current Certification**  |
| Certificate of Competency |  |
| Endorsement Applied for \*:  | General Towing | Ship Assist | Sea Towing |
| \*Delete as necessary |
| **For official use** |
| Date Application Received |  / / | Has a TRB been Issued |  |
| Date Successful Assessment Completed |  / / | Fee Received |  |
| Date VTE Certificate Sent |  / / |  |

 **Voluntary Towing Endorsement Application Form**