

**ASCOT FIELDS NOMINEES PTY LTD**  
ASCOT WATERS MARINA  
APPLICATION TO INSTALL A DRY DOCK SYSTEM



To: The Lessor  
Ascot Fields Nominees

Full Name of Applicant .....

**BOAT PEN NUMBER** (for the proposed system).....

Is the proposed system a  Lifting (AirBerth style)  Dry Dock (SeaPen style)

MANUFACTURER Name.....

Model .....Overall Length..... Overall Width .....

Local Agent Name.....Telephone .....

**CONTACT/SERVICEMAN** in event of Dry Dock fault .....

Mobile.....Other Telephone.....

*Note: Each boat pen is equipped with only one 15amp power outlet.  
If required, please discuss with Marina Management additional outlets at your cost*

**INSURANCE** (in most cases dry dock systems are insured as an accessory to the main vessel)

Name of Insurer .....

Policy number ..... Expiry Date.....

I, the above named person, hereby make application to install a dry dock system in the nominated boat pen and understand the dry dock system must be kept in good working order at all times.

**SIGNATURE OF APPLICANT** .....Date .....

*Note: This is an application only, which should be completed and returned for consideration by Marina Management.*



Please Return to:

ALTERNATIVELY YOU MAY POST TO:

ascot@boatwa.com.au

BOATSPACE  
REPLY PAID 85304  
NTH FREO WA 6159  
(no stamp required)

OFFICE USE

APPROVAL FOR DRY DOCK SYSTEM

INSURANCE

ASCOT WATERS MARINA MANAGER.....DATE.....