



**APPLICATION FOR USE OF MOBILE CRANE  
ON WHARF OR JETTY Rev 0**

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NAME OF APPLICANT ..... COMPANY.....

EMAIL ADDRESS: .....

PHONE ..... FAX .....

SIGNATURE .....

MAKE OF MOBILE CRANE .....

MODEL ..... REGISTRATION NO. ....

ITEM TO BE LIFTED .....

WEIGHT .....Tonnes

MAXIMUM LIFTING RADIUS..... Metres

WHARF OR JETTY REQUIRED .....

NAME OF VESSEL .....

DATE .....TIME .....

MAX. LOAD ON OUTRIGGER PADS .....Tonnes

DISTANCE BETWEEN PAD CENTRES.....Metres

Please submit this application to the **MANAGER, ENGINEERING SERVICES**  
[dario.vallini@fremantleports.com.au](mailto:dario.vallini@fremantleports.com.au) or Fax 9430 3403 (Mobile 0419 908 634)

..... *Office Use Only* .....

Application examined and *approved / not approved* subject to the following conditions :

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.....  
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Signed : .....

Date :.....