## **Application for the supply of tidal predictions**

## Applicant's particulars (use block letters)

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SURNAME: (MR/MS/MRS)	GIVEN NAMES:
COMPANY NAME:	
ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	
I hereby apply for a copy of the tidal predictions for the area purpose of	
Publication of the tidal predictions will be used for:	
Financial gain (NOTE: A fee as per the Marine Safet	ty Branch schedule of fees is payable).
No financial gain	
The supply of information is conditional on the inclusion, adja	acent to the tidal information of:
<ul> <li>(a) An acknowledgment that the tidal information was ma</li> <li>(b) Publication, in full, of the disclaimer reference the tida</li> <li>(c) Clear acknowledgment to the National Tidal Centre, B</li> </ul>	I information.
The acknowledgement must be included with the published	tide tables at least once each year.
All material is supplied in good faith and is believed to be con in relation thereto, that no responsibility or liability for errors a hold the Marine Safety Branch of the Department of Infrastru Government free from all such responsibility or liability and freerror or omission.	
SIGNED	AUTHORISED REPRESENTATIVE OF
Date:	
Note: the tidal predictions will be sent upon receipt of thi	s application form and payment of fee (if applicable).
OFFICE USE ONLY	
Approved/not approved Director Regulation & Compliance	e/
Fee: Applicable/not applicable RECEIPT NO	/
Tidal predictions sent on/ Actioned by	
For further information contact Department of Infrastructure, Planning and Logistics - Marine Safet 2nd Floor, Energy House, 18-20 Cavenagh Street, Darwin NT 0800 GPO Box 2520 Darwin NT 0801 Telephone: (08) 8924 7100 Facsimile: (08) 8924 7009	

NORTHERN TERRITORY GOVERNMENT

marinesafety@nt.gov.au