

Application to operate a **MOBILE CRANE** or other **MOBILE LIFTING DEVICE** on Wharf Premises.
Applications for Special Permission are to be submitted 48 hours prior to lift taking place.

This document is **NOT** an Access Permit or Approval to Work Permit

WHARF LOCATION:

VESSEL NAME: **STEVEDORING CO.:**

SHIPPING AGENCY:

Contact Details:

Name:

Phone: Fax:

Email:

CRANE OPERATOR:

Contact Details:

Name:

Phone: Fax:

Email:

CRANE INFORMATION *(Please attach additional information where required)*

Make & Model: **RTA Licence Plate No.:**

Tare Weight of Crane, including counterweights:

Maximum gross weight to be lifted by crane:

Maximum outreach when lifting load:

Outrigger Spacing: Parallel to Wharf Face:

Perpendicular to Wharf Face:

Maximum Pad Loads: Seaward Pads: Pad 1: Pad 2:

Landward Pads: Pad 3: Pad 4:

REASON FOR REQUEST:

PERIOD REQUIRED: Commencing Date: Terminating Date:

Applicant Name: **Position:**

SUBJECT TO ACCESS BEING APPROVED, the following conditions will apply:

SUBMIT APPLICATION FOR REVIEW

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