



Western Australian Recreational Skipper's Ticket Eyesight Declaration

When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Applicant's Details

Surname: _____ First Name: _____ Other Names: _____

Sex: _____ Date of Birth: _____

Residential Street Number/Lot: _____ Residential Street Name: _____

Suburb: _____ Postcode: _____

Telephone Home: _____ Work: _____ Mobile: _____

Optometrist's / Medical Practitioner's / Registered Nurse's Declaration

This examination is to assess and to determine whether the above named applicant's eyesight meets a minimum vision standard of at least 6/12, in at least one eye.

Results of Examination

Letter Test	Right Eye	Left Eye
Without using any aids to vision	6	6

Letter Test	Right Eye	Left Eye
With aids to vision (If applicable)	6	6

I _____ of _____
(Name of Optometrist / Medical Practitioner / Registered Nurse) (Practice name and address)

Work Telephone: _____,

being a registered Optometrist / Medical Practitioner / Registered Nurse, have on this day examined and certify the above named applicant:

- ☐ HAS NOT met the minimum vision standard of at least 6/12, in at least one eye; or
- ☐ HAS met the minimum vision standard of at least 6/12, in at least one eye **with aids to vision**; or
- ☐ HAS met the minimum vision standard of at least 6/12, in at least one eye **without aids to vision**.

Signed: _____ Date: ____ / ____ / ____
(Optometrist / Medical Practitioner / Registered Nurse)

Recreational Skipper's Ticket Letter of Consent

Director General

Department of Transport

I hereby consent that _____
Family Name *Other Names*

Who resides at No. _____ Street _____ Suburb _____

May be issued with a Recreational Skipper's Ticket.

I declare that I am the legal ☐ **Father** ☐ **Mother** ☐ **Legal Guardian**
(Please tick the appropriate box).
of the above-mentioned person.

Name: _____

Signature: _____ Date: _____

IMPORTANT: If the FAMILY Name of the RST candidate differs from the above signed; you must provide proof of relationship or guardianship, such as:

Birth certificate, or
Change of name certificate, or
Legal guardianship