

FACILITY OWNER: _____
OWNER ID NO. _____
ADDRESS: _____

PHONE: (H) _____
(W) _____
(C) _____

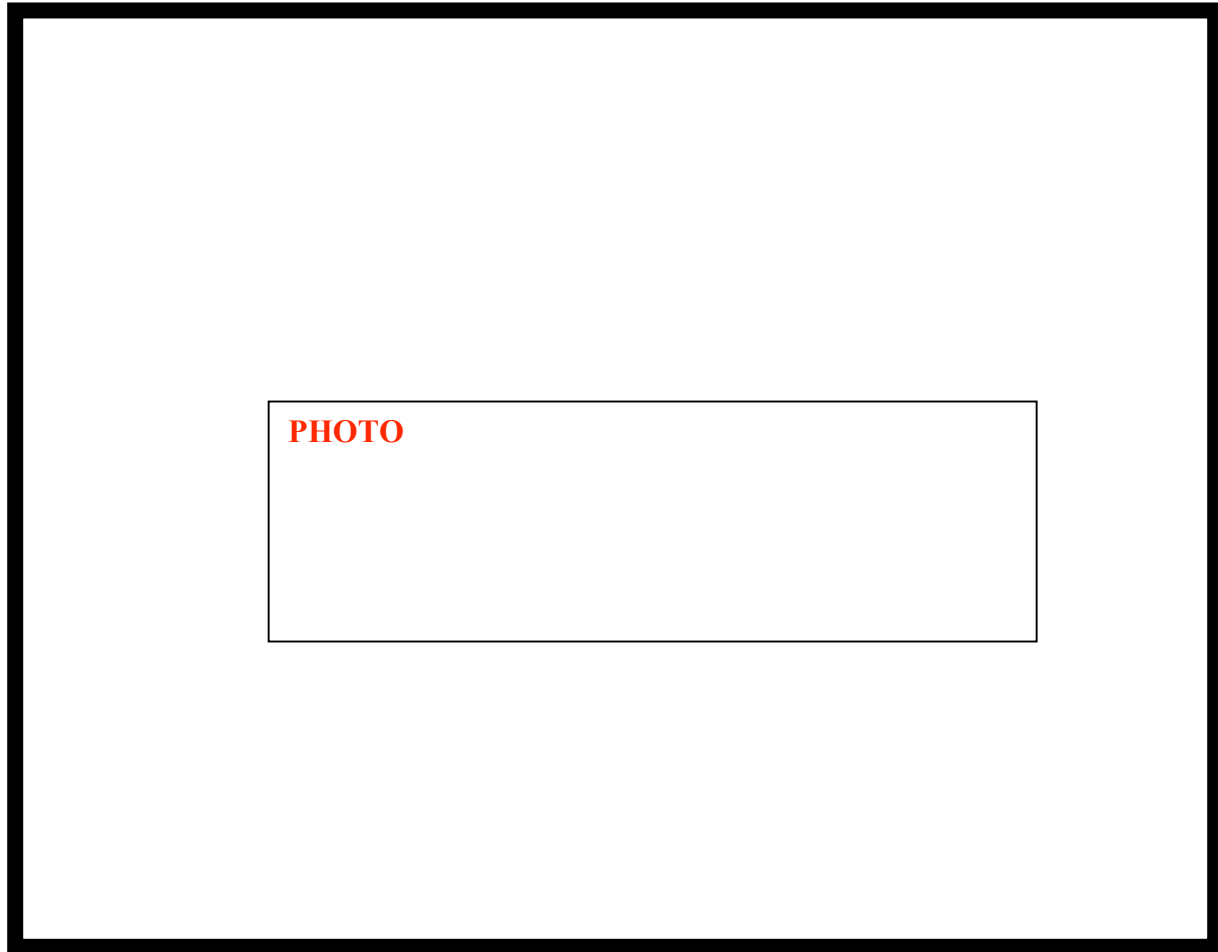
FACILITY:

MAKE: _____
YEAR: _____
MODEL: _____
TYPE: _____
LENGTH: _____
BEAM: _____
DRAFT: _____
FUEL CAP: _____
MAX SPEED: _____
MAX CRUISE SPD: _____
ENDURANCE: _____
RANGE: _____
REQ'D CREW: _____
MAX TOW LENGTH: _____
ENGINE TYPE/HP: _____

EQUIPMENT:

RADIO: _____ (number)
GPS: _____ (y/n)
COMPASS: _____ (type and number)

DEPTHSOUNDER: _____ (y/n)
RADAR: _____ (y/n)
CHARTPLOTTER: _____ (y/n)
DSC/MMSI #: _____ (y/n)



PHOTO

FACILITY # _____

DATE SUBMITTED: _____