

SMALL VESSEL MONITORING AND INSPECTION PROGRAM REQUEST FOR INSPECTION

Owner Information

Date	
Name of owner	
Mailing Address	
Telephone	() -
Fax	() -

Vessel Information

New Building

Existing Vessel

Name of Vessel	
Official Number or Licence Number (if known)	
Gross Tonnage (if known)	
Year Built	

General Particulars of the Vessel

Length	
Breadth	
Depth	

Type of Operation

Passenger
 Tug
 Fishing
 Other (describe)

Type of Propulsion Motor & Brake Power (kW) _____

Main Deck:

Open Boat Closed Deck

Number of Passengers (if applicable) _____

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Description of intended voyages

(Include copy of marine chart showing proposed voyages, distances if possible)
