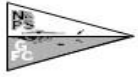




BOAT SAFETY INFORMATION FORM



OWNER/SKIPPER MUST FILL OUT THE FOLLOWING INFORMATION

Owner's Name:

Address..... P/C:..... State:.....

Mobile Telephone:..... Facsimile:.....

Telephone Private:..... Business:.....

Email: Emergency Contact Name & Number.....

Boat Name: Maritime Registration No:.....

Length:..... Make:.....

Hull Colour: Superstructure:.....

Distinctive Features of Markings:

No. of people safely carried at sea: Moored at:

Fuel - Type: Capacity: Range:

Motor/s: Inboard Make: 2 1 Outboard Make: 2 1

Safety & Emergency Equipment

Please appropriate box and fill in the relevant details

Flares Yes No Smoke Parachute Colour:.....

Life Raft Yes No Type:..... Colour:..... Capacity:.....

Life Buoy Yes No Type:..... Colour:..... No:.....

Life Jackets Yes No Type:..... Colour:..... No:.....

Radio Yes No SSB HF:..... Frequencies:.....
27MHz:..... Frequencies:.....
VHF:..... Frequencies:.....

EPIRB Yes No

Radar Yes No Type:..... Range:.....

GPS Yes No Type:.....

Depth Sounder Yes No Type:..... Depth:.....

Compasses Yes No Type:.....

Food on Board Yes No No. of Days:..... Water: Litres/Gallons.....

Sea Anchor Yes No First Aid Kit Yes No

INSURANCE COVERAGE DETAILS: Insurer:.....

Policy Number:..... Expiry Date:

Signature_____ Date_____