

Berthing Application Form

APPLICABLE YEAR: 20____ TO 20____



Name _____	Telephone: _____
Address _____	Day: _____
_____	Evening: _____
_____	Mobile: _____
Postcode _____	Email: _____

Boat Details

Boat Name _____	Beam _____
Length Overall _____	Engine Size _____
Colour _____	Displacement / GRT _____
Registration Number _____	How Long Owned _____
Built _____	Last Survey date _____
Boat Make / Class _____	Draft _____

Construction / Vessel Type

(tick the boxes)

Grp	<input type="checkbox"/>	Sail Yacht	<input type="checkbox"/>
Wood	<input type="checkbox"/>	Motor Yacht	<input type="checkbox"/>
Steel	<input type="checkbox"/>	Dinghy	<input type="checkbox"/>
Fero Concrete	<input type="checkbox"/>	Yawl	<input type="checkbox"/>
Plywood	<input type="checkbox"/>	Speed Boat	<input type="checkbox"/>
Composite	<input type="checkbox"/>	Motor Craft	<input type="checkbox"/>
Rubber	<input type="checkbox"/>		

Usage

Private Pleasure	<input type="checkbox"/>
Licenced Passenger	<input type="checkbox"/>
Licenced Hire	<input type="checkbox"/>
Commencial	<input type="checkbox"/>
Workboat	<input type="checkbox"/>
Safety Boat	<input type="checkbox"/>
Sea Angling	<input type="checkbox"/>

Keel Type

Fin	<input type="checkbox"/>
Long	<input type="checkbox"/>
Bilge	<input type="checkbox"/>
Ctre.Board	<input type="checkbox"/>
Deep V	<input type="checkbox"/>
Flat	<input type="checkbox"/>
D Plate	<input type="checkbox"/>

Facility Required

Berth Inner Harbour	<input type="checkbox"/>
Berth Outer Basin	<input type="checkbox"/>
Mooring Outer Basin	<input type="checkbox"/>
Annual Launch / Recovery	<input type="checkbox"/>
Annual Storage	<input type="checkbox"/>
Annaul Storage with Trailer	<input type="checkbox"/>

Leisure Craft Owners

Does your vessel comply with the recommended safety requirements and equipment ? (Y/N)

LifeJackets Distress Flares Marine VHF

Client Insurance Declaration and Signature Section:

I declare that I have obtained independent professional advice and have arranged adequate Public Liability Insurance cover as so advised. A copy of which is attached. I confirm that such cover will remain in force while the vessel remains within the Harbour and its Limits I also agree to pay in accordance with the current yearly Scrabster Harbour "Schedule of Rates and Dues" (including conditions). A copy of which is freely available from the Harour Office

Signed

Date

Data Protection: Information held by the Scrabster harbour trust complies and is processed in accordance with the Data Protection Act 1998. The information you have provided here will be used solely to process your application for the purpose of verifying the vessels ownership and in the pursuance of efficient harbour management