

Leisure Craft & Part-Time Fishing Berthing Application



Please tick appropriate box

Summer only 1 April to 30 Sep	<input type="checkbox"/>
Winter only 1 Oct to 31 Mar	<input type="checkbox"/>
All year berth 1 April to 31 Mar	<input type="checkbox"/>

Owner's Name	_____	Telephone:	_____
Address	_____	Day:	_____
	_____	Evening:	_____
	_____	Mobile:	_____
Postcode	_____	Email:	_____

Boat Details

Boat Name	<input type="text"/>	Beam	<input type="text"/>
Length Overall	<input type="text"/>	Engine Size	<input type="text"/>
Colour	<input type="text"/>	Displacement / GRT	<input type="text"/>
Registration Number	<input type="text"/>	How Long Owned	<input type="text"/>
Built	<input type="text"/>	Last Survey date	<input type="text"/>
Boat Make / Class	<input type="text"/>	Draft	<input type="text"/>

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"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Facility Required

Berth Inner Basin	<input type="checkbox"/>
Pontoon Berth	<input type="checkbox"/>

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

LifeJackets	<input type="checkbox"/>	Distress Flares	<input type="checkbox"/>	Marine VHF	<input type="checkbox"/>
-------------	--------------------------	-----------------	--------------------------	------------	--------------------------

Client Insurance Declaration and Signature Section:

I declare that I have obtained independent professional advice and have arranged adequate Public Liability /3rd Party 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 Harbour 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