

## **Annual Vessel Registration**

Please fill in and return to Port Offices or Port Director with Emergency Operations Plan & Berth Reservation Form

	Emei	rgency Operai	tions Plan & Berth I			
VESSEL NAME:					RADIO CALL SIGN:	
NUMBERS		COLORS		CHANNELS MONITORED:		
ADF&G:		HOUSE:		VHF:		
AK:		HULL:			SSB:	
O.N.:		TRIM:		C.B.		
NET TONS:		REGISTERED G				
		LENGTH: O.A. BEAM:		DRAFT:		
O.A.LENGTH: KEELT		LENGIH: U.A. BEAM:			DRAF1:	
HULL MATERIAL:					FUEL: OIL:□ GAS:□ OTHER:	
			USE	ı		
PLEASURER:□		COMMEI	COMMERCIAL FISH:□		COMMERCIAL TOW:□	
CHARTER:□		COMMERCIAL FREIGHT:		]	PASSENGER:□	
			AVING EQUIPMI			
4 PERSON:			ELLIOTT:		SURVIVAL SUITS:	
6 PERSON		AVON:			LIFE JACKETS:	
8 PERSON:		SWITHLICK:			OTHER (specify):	
OTHER (specify):		OTHER (specify):			o Tillie (speelig).	
OTHER INFORMATION	)NI•	O TITLETT (	CTITEIT (speeny).		<u> </u>	
HAILING PORT: PORT OF REGISTRY:						
REGISTERED OWNE						
MAILING ADDRESS						
PHYSICAL ADDRESS:						
E-MAIL ADDRESS:					PHONE:	
EMERGENCY CONTACT:			PHONE:			
DATE PURCHASED: PURCHASED FR						
OPERATOR OR AGE			PHONE:			
MAILING ADDRESS		E-MAIL ADDRESS:				
and belief. I understand the	at this forn M 80. I ag	n is not a reque ree to file this f	st for berthing or a be form annually or each	rthing	ad complete to the best of my knowledge g agreement and is required per Port of I intend to utilize the Port of Skagway. It	
SIGNATURE:					DATE:	
		***MUN	ICIPAL USE ONI	Y***	*	
REGISTERED BY PSO	C:					
BERTH RESERVATION STATUS						
RESERVATION FILE	ED: □	AGREE	MENT FILED: □		DEPOSIT FEE PAID: □	
PORT DIRECTOR:		L	DATE:			
APPROVED:			DISAPPR	OVE		