Department of Labor and Industries Division of Occupational Safety and Health Charter Boats PO Box 44650 Olympia WA 98504-4650



CHARTER VESSEL INSPECTION

Vessel's name			Body of water certified to perform commercial business						
Owner's name				<u> </u>			Phone number		
Owner's address (place to mail certificate)				City		State	te ZIP+4		
Vessel length (ft)	Beam (ft)	Depth (main deck to keel, ft)	City and	state ves	ssel built (manufac	turer)		Year	
Gross tonnage Class of service (pa			ssenger, cargo)			Fuel Type			
Hull construction		No. of engines		No. of cylinders per engine	Horse	epower per e	No. of shafts		
Insurance policy #	Insurance policy issu	cy issued by			Date insurance policy expires				
Licensed operator's r		License number		Date renewal exa (every 5 yrs)	m due	Date First Aid, CPR expires			
Per RCW 88.04.035(1) and RCW 88.04.045(1), the above information is true and correct									
Date Owner/Applicant's signature									
Department use Last Inspection	only	Last dry dock in	aspostion		License numb	nr.			
						License number			
Issue date Passengers			llowed		# Crew require	# Crew required			