N.S.W. CENTRAL ZONE
BOAT REGISTRATION FORM

NOTE IT IS THE RESPONSIBILITY OF THE OPERATOR OF THE VESSEL TO ENSURE ITS SAFE OPERATION AND SEAWORTHINESS AT ALL TIMES.

Name of Vessel : _____ Rego/Survey No : _____

Name of Owner : _____ Club Name : _____

Address: _____

_____ Post Code : _____

Phone No Home : _____ Work : _____ Mobile : _____

Facsimile Contact : _____ E-mail Address : _____

****** Please enclose 1 recent photo of vessel ******

Type of Vessel : _____ Flybridge : _____ (Y/N) Tower : _____ (Y/N)

Colour of Vessel : _____ (Hull) : _____ (Superstructure)

Length of Vessel : _____ Metres Beam : _____ Metres Draught : _____

Type of engine(s) : _____ (HP) Drive Type : _____

Fuel Type : _____ Capacity : _____ (Ltrs) Approx Range : _____ (nm)

Fresh Water carried : _____ (Ltrs) Emergency Food : _____ (Y/N) No. Of days: _____

No. Of Life Jackets : _____ Life Raft : _____ (Y/N) (if Yes, describe - _____)

No. of Flares : _____ EXPIRY DATE : _____ (specify)

Fire extinguishers : _____ CHARGE CHECKED : _____ (Y/N)

EPIRB : _____ (type) EXPIRY DATE : _____ (specify)

Bilge pumps (no.) : Manual _____ Engine Driven _____ Electrical _____

Radios and frequency :

2 Mhz SSB (Frequencies) : _____

27 MHZ : _____

VHF : _____

INSURANCE COVERAGE DETAILS : Insurer : _____

Policy Number : _____ Expiry Date : _____

Club Committee Member who verifies the information provided for Central Zone registration is correct in accordance with club records and that the boat is registered on the current Club Boat Register.

Committee Member Name : _____

Position Held : _____ Club : _____

Phone No : _____ Signiture : _____

I confirm that the vessel described above meets or exceeds all relevant NSW Maritime Authority Safety Regulations and requirements for a vessel of its size.

_____

(Owner / Skipper SIGN HERE PLEASE)