

Appendix A

Boat Registration Form
And
Boating Accident Report Form



*****INSTRUCTIONS FOR COMPLETING APPLICATION ARE ON THE BACK OF THIS FORM.*****

APPLICATION FOR BOAT REGISTRATION NUMBER CGD17-145 (10-96)		4. PRESENT NUMBER	5. REASON FOR APPLICATION: (Check one) <input type="checkbox"/> ORIGINAL/NEW NUMBER <input type="checkbox"/> RENEWAL OF NUMBER (Complete items 1 - 18) <input type="checkbox"/> TRANSFER OF OWNERSHIP (Complete items 1 - 23)	6. ALASKA USAGE (Circle one) Yes / No	FOR OFFICIAL USE ONLY AK - _____ TODAYS DATE: _____ CK # _____	
1. NEW OWNERS NAME (BUYER)				7. BUILDER/MAKE OF BOAT		
2. MAILING ADDRESS				8. LENGTH	9. YEAR	
3. CITY, STATE, & ZIP		<input type="checkbox"/> DUPLICATE CERTIFICATE <input type="checkbox"/> REPLACEMENT STICKER(S) (Complete items 1 - 5)		10. HULL SERIAL NUMBER		SEE REVERSE FOR INSTRUCTIONS
11. ADDITIONAL OWNERS: AND/OR (Circle one)		13. HULL MATERIAL <input type="checkbox"/> PLASTIC OR FIBERGLASS <input type="checkbox"/> METAL/ALUMINUM <input type="checkbox"/> WOOD <input type="checkbox"/> INFLATABLE <input type="checkbox"/> OTHER	14. PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD/OUTDRIVE <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> OTHER	15. FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER	16. USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> COMMERCIAL FISHING <input type="checkbox"/> COMMERCIAL PASSENGER <input type="checkbox"/> DEALER/MANUFACTURER <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER: _____	17. TYPE <input type="checkbox"/> RUNABOUT <input type="checkbox"/> CRUISER <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAIL <input type="checkbox"/> JET SKI <input type="checkbox"/> OTHER
12. PHONE: (Optional)						
MAIL TO: BOATING REGISTRATION 17th COAST GUARD DISTRICT P.O. BOX 25517 JUNEAU, AK 99802-5517		18. I declare under the penalties prescribed in 18 USC 1001, that I am the legal owner of the vessel described herein and that the description and all matters stated herein are true and correct. I also acknowledge that I must notify the Coast Guard within 15 days of Change of Address, or if my vessel is Stolen, Destroyed, Abandoned, Repossessed, or if I Document or Transfer ownership of the Vessel.				
		DATE: _____		SIGNATURE: _____		

FOR ALL APPLICATIONS EXCEPT RENEWALS, YOU MUST PROVIDE A COPY OF EITHER THE BILL OF SALE, DEALERS INVOICE, STATE TITLE, OR NOTORIZED CLAIM.

19. PAST OWNER (Seller)	FEES: ORIGINAL/RENEWAL/TRANSFER \$6.00		NOTE: The MAXIMUM fee per application is \$6.00 even though the reasons for the application are many. DO NOT SEND CASH THROUGH MAIL
20. MAILING ADDRESS	DUPLICATE CERTIFICATE \$1.00 REPLACEMENT STICKERS \$0.25 each		
21. CITY, STATE, & ZIP	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Acct #: _____		Exp. Date: _____

NOTE: 1). Federal law requires a vessel casualty or accident report be filed with the Coast Guard for each incident resulting in injury, property damage over \$500, or death.
2). The Certificate of Number must be renewed on or before 3 years from the date of issuance.

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
U. S. COAST GUARD**

22. DATE	23. SIGNATURE OF PAST OWNER: (If unavailable, applicant must submit copy of Bill of Sale.)
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**Please return form to: Commander(moc), 17th Coast Guard District, P.O. Box 25517, Juneau, AK 99802

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD CG-3865 (Rev. 9/95)

BOATING ACCIDENT REPORT

FORM APPROVED OMB NO. 2115-0010

STATE ASSIGNED CASE NO. _____

THE OPERATOR/OWNER OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$500 OR COMPLETE LOSS OF THE VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. REPORTS MUST BE SUBMITTED TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED. THIS FORM IS PROVIDED TO ASSIST THE OPERATOR IN FILING THE REQUIRED WRITTEN REPORT.

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT	TIME AM PM	NAME OF BODY OF WATER		LOCATION (GIVE LOCATION PRECISELY)		
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		COUNTY	STATE	ZIP CODE	
WEATHER (CHECK ALL APPLICABLE) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM (WAVES LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6") <input type="checkbox"/> VERY ROUGH (GREATER THAN 6") <input type="checkbox"/> STRONG CURRENT		TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0-6 MPH) <input type="checkbox"/> MODERATE (7-14 MPH) <input type="checkbox"/> STRONG (15-25 MPH) <input type="checkbox"/> STORM (OVER 25 MPH)		VISIBILITY DAY NIGHT <input type="checkbox"/> GOOD <input type="checkbox"/> <input type="checkbox"/> FAIR <input type="checkbox"/> <input type="checkbox"/> POOR <input type="checkbox"/>
NAME OF OPERATOR			OPERATOR ADDRESS			
OPERATOR TELEPHONE NUMBER () <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH MO DAY YR	OPERATOR'S EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 100 HOURS <input type="checkbox"/> ≥ 100 HOURS		INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> U.S. POWER SQUADRON <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> NONE		
NAME OF OWNER			OWNER ADDRESS			
OWNER TELEPHONE NUMBER ()	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

BOAT NO. 1 (THIS VESSEL)

BOAT REGISTRATION OR DOCUMENTATION NUMBER		STATE	HULL IDENTIFICATION NUMBER		BOAT NAME			
BOAT MANUFACTURER		LENGTH	MODEL		YEAR BUILT			
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> ROWBOAT <input type="checkbox"/> CANOE/KAYAK <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> OTHER (SPECIFY)		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> RIGID HULL INFLATABLE <input type="checkbox"/> OTHER (SPECIFY)		ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD-STERNDRIVE (I/O) <input type="checkbox"/> AIRBOAT FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC		PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> AIR THRUST <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL NUMBER OF ENGINES TOTAL HORSEPOWER		PERSONAL FLOTATION DEVICES (PFDS): WAS BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PFDS? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE PFDS ACCESSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OPERATION AT TIME OF ACCIDENT (CHECK ALL APPLICABLE) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> DRIFTING <input type="checkbox"/> TOWING <input type="checkbox"/> BEING TOWED <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING/UNDOCKING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK/MOORED <input type="checkbox"/> OTHER (SPECIFY)		ACTIVITY AT TIME OF ACCIDENT (CHECK ANY IF APPLICABLE) <input type="checkbox"/> FISHING <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> HUNTING <input type="checkbox"/> SWIMMING/DIVING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> WATERSKIING/TUBING/ETC. <input type="checkbox"/> RACING <input type="checkbox"/> WHITEWATER SPORTS <input type="checkbox"/> FUELING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> NON-RECREATIONAL <input type="checkbox"/> OTHER (SPECIFY)		TYPE OF ACCIDENT <input type="checkbox"/> GROUNDING <input type="checkbox"/> CAPSIZING <input type="checkbox"/> FLOODING/SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> FIRE OR EXPLOSION (FUEL) <input type="checkbox"/> FIRE OR EXPLOSION (OTHER) <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJ. <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> FALLS IN BOAT <input type="checkbox"/> STRUCK BY BOAT <input type="checkbox"/> STRUCK BY MOTOR/PROPELLER <input type="checkbox"/> STRUCK SUBMERGED OBJECT <input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> WEATHER <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> IMPROPER LOOKOUT <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> OVERLOADING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> DRUG USE <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> PASSENGER/SKIER BEHAVIOR <input type="checkbox"/> DAMLOCK <input type="checkbox"/> OTHER (SPECIFY)		
ESTIMATED SPEED <input type="checkbox"/> 10 - 20 MPH <input type="checkbox"/> NONE <input type="checkbox"/> 21 - 40 MPH <input type="checkbox"/> UNDER 10 MPH <input type="checkbox"/> OVER 40 MPH		<input type="checkbox"/> HIT AND RUN						