

PFBC-291c (04/12)	VESSEL CHARACTERISTIC RECORD PASSENGER CARRYING VESSEL		For PFBC use
INSTRUCTIONS			
<ol style="list-style-type: none"> Submit this form with the INITIAL and RECERTIFICATION Application of Inspection. Owner or Representative complete all blocks in Part A as best you can. Unusual circumstances should be described in the "Remarks" block. Attach a photograph of the vessel with the INITIAL Application of Inspection. Part B is to be completed by a qualified Marine Surveyor. 			
Part A (Owner or Representative)			
Name of Vessel		Registration Number	HIN Number
Name and Address of Owner		Name of Builder	Year Built
		Hull Material	Type Propulsion
		Horsepower	Type Fuel
Telephone No. () _____ - _____			
Length	Beam	Loaded Freeboard	Operating Dates From: To: Operating Times From: To:
Remarks			
Date		Signature of Owner or Representative – Include Title	
Part B (Marine Surveyor)			
Passenger Decks-Number _____ Capacity _____ Seats _____ Capacity _____ Seats _____ Capacity _____ Seats _____ Capacity _____ Seats _____		Watertight Compartments-Number _____ Describe: _____ Watertight Hatches - _____	
Rails Type _____ Height _____ Number Courses _____		Through Hull Fittings-Number _____ Service _____ Service _____ Service _____	
Fixed Ballest-Weight _____ Location(s): _____		Buoyant Material-Amount _____ cu. ft. Kind: _____ Location: _____	
Permanent Fire and/or Bilge System: Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ Manual Bilge Pump: Yes <input type="checkbox"/> No <input type="checkbox"/>		Permanent Fire Main: Yes <input type="checkbox"/> No <input type="checkbox"/> Number Stations _____ Length Hose _____ Describe: _____	
Anchors-Number _____ Size _____ Length Cable _____ Size _____ Length Cable _____		Main Steering-Type (Describe): _____ Alternative System: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Main Engine(s) Number _____ Type: _____ Manufacturer: _____ Are these marine engines?		Auxiliary Engine(s) (Generators) Number _____ Type: _____ Manufacturer: _____ Type Fuel: Gas <input type="checkbox"/> Diesel <input type="checkbox"/>	
Fuel System: Tank Material _____ Number Tanks _____ Total Capacity _____ Fill Pipe Dia. _____ Vent Pipe Dia. _____ Tanks Independent of Hull: Yes <input type="checkbox"/> No <input type="checkbox"/> Properly mounted and secured?		Ventilation Machinery Space: _____ Type _____ Fuel Tank Space: _____ Type _____ *Closed spaces: _____ Type _____ *Fume detector installed?	

