PFBC-291c (	(04/12)
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## VESSEL CHARACTERISTIC RECORD PASSENGER CARRYING VESSEL

For PFBC use

## INSTRUCTIONS

- 1. Submit this form with the INITIAL and RECERTIFICATION Application of Inspection.
- 2. Owner or Representative complete all blocks in Part A as best you can. Unusual circumstances should be described in the "Remarks" block.
- 3. Attach a photograph of the vessel with the INITIAL Application of Inspection.

4. 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					
Telephone No. ( )	Horsepower	Type Fuel					
Length Beam Loaded Freeboard	Operating Dates From: To:	Operating Times From: To:					
Remarks  Date Signatur	re of Owner or Representative – Include Tit	le					
Signature 1							
Part	B (Marine Surveyor)						
Passenger Decks-Number Capacity Seats Capacity Seats Capacity Seats Capacity Seats Seats Capacity Seats	Watertight Compartments-Number Describe:  Watertight Hatches -						
Rails Type Height Number Courses	Through Hull Fittings-Number Service Service						
Fixed Ballest-Weight  Location(s):	Buoyant Material-Amount Kind: Location:						
Permanent Fire and/or Bilge System: Yes □ No □ Describe:	Permanent Fire Main: Yes  Number Stations I Describe:	No 🗆ength Hose					
Manual Bilge Pump: Yes $\square$ No $\square$							
Anchors-Number Length Cable	Main Steering-Type (Describe):						
Size Length Cable	Alternative System: Yes	No 🗆					
Main Engine(s) Number  Type: Manufacturer: Are these marine engines?	Auxiliary Engine(s) (Generators) Number Type:  Manufacturer:  Type Fuel: Gas □ Diesel						
Fuel System: Tank Material  Number Tanks Total Capacity  Fill Pipe Dia Vent Pipe Dia.  Tanks Independent of Hull: Yes \  No \   Properly mounted and secured?	Fuel Tank Space:	Type Type Type					

Primary Power and Light			Batteries:	Batteries:			
Electrical Source:	Generator Battery		Use Number Location				
Volts	DC AC		Properly Boxed?				
Electrical Equipment (De	escribe)						
Electrical Equipment (Ele	osciloc)						
Navigation Lights:							
Life Boats, Floats, Buoya	ant apparatus, e	tc.	Personal Flotation Dev	/ices			
Number	Type	Capacity	No. Adult	Type	No. Child	Type	
			Approved-		Approved-		
Portable and Semi Portab	ole Fire Extingu	uishers (Annroved)	Fixed Fire Extinguishe	er System			
Number	Size	Agent	Space Protected CO <sup>2</sup> lbs.		S.		
Check One:							
☐ Based on my opin	nion, this vess	el is suitable for th	he use intended and is	capable of carr	ying a total of	persons.	
☐ Based on my opin compliance are lis			or the use intended. To	he requirement	s necessary to bring t	his vessel with	
A stability test	□ was (Attac	ch Results)	□ was not p	erformed on thi	s vessel.		
Remarks: Include any useful information not covered elsewhere on this form. Was an internal examination of enclosed spaces made? Was machinery and equipment witnessed in operation?							
made: was machinery	una equipine	one withessed in of	ociution:				
Date of Survey:			Signature and Address	of Marine Surve	yor		
Date Report Mailed:							
			Telephone No. (	)			