



New York State Office of Parks, Recreation and Historic Preservation  
 Marine Services Unit  
 Empire State Plaza, Albany NY 12238  
 (518)474-0445 Fax: (518)408-1030

## APPLICATION FOR CERTIFICATION OF A PUBLIC VESSEL

Name of Public Vessel Operation	
Name and Address of Owner	Winter Address of Owner
Street Address	Street Address
City, State Zip	City, State Zip
Phone Number	Phone Number
Fax Number	Fax Number
Email address	Email address

Registration Number <b>NY-</b>	Vessel Manufacturer	Hull Number (12 Characters)	Hull Material
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Color	Year Built	Length	Beam	Draft	Freeboard	Weight
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Engine Manufacturer	No. of Engines	Total Horsepower	Type of Propulsion	<input type="checkbox"/> Paddlewheel
			<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> I/O <input type="checkbox"/> Jet <input type="checkbox"/> Sail Auxiliary	

Engine No. 1	Horsepower	Model #	Engine No. 2	Horsepower	Model #	Vessel Name
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Fuel <input type="checkbox"/> Steam	Fuel Tank Material	Fuel Tank Capacity	If twin tanks	gals	Stbd/Aft	gals
<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric			Port/fwd			

Fixed Seating Capacity	No. of USCG Approved PFD's	Number and type of portable fire extinguishers	Number and type of fixed fire extinguishers
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Number of Bilge Pumps	Do you have a M. S. D. onboard? <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Type of Service: <input type="checkbox"/> Passenger <input type="checkbox"/> Dining <input type="checkbox"/> Mail <input type="checkbox"/> Skiing <input type="checkbox"/> Fishing <input type="checkbox"/> Other _____
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Location of your boat for the inspection
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What bodies of water are you operating on?
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(Please turn this form over, you have more to fill out)

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby apply for a certificate of Inspection to operate the public vessel described above. I certify that I am familiar with the provisions of the New York State Navigation Law, that I consider my vessel to be safe in every respect and that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner

**INFORMATION AND INSTRUCTIONS**

1. Complete all applicable sections of this form and be sure it is signed by the owner.
2. Mail the application to: New York State Office of Parks, Recreation and Historic Preservation  
 Marine Services Unit  
 Empire State Plaza, Albany NY 12238
3. Do not send any money with this application. Fees will be collected on the day of inspection.
4. Upon approval of the application, a "Temporary Permit" may be issued. This permit (not this piece of paper) authorizes the person to whom it is issued to operate the vessel until the date of inspection WITH LICENESED PERSONNEL ONLY.
5. Notification of date, place and approximate time of inspection will be sent to the public vessel owner.

<b>ANNUAL INSPECTION FEES</b>	
10 tons displacement and under	\$20.00
Over 10 tons to 20 tons displacement	\$30.00
Over 20 tons to 50 tons displacement	\$40.00
Over 50 tons to 100 tons displacement	\$50.00
Over 100 tons displacement	\$100.00

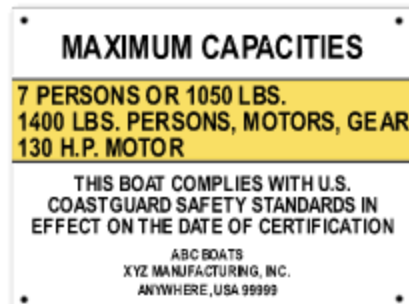
**- NOTICE -**

**USE ONLY COAST GUARD APPROVED EQUIPMENT**

The U. S. Coast Guard approves many types of personal floatation devices for limited use on pleasure vessels. PFD's APPROVED FOR USE ON CLASS A, 1 & 2 VESSELS NOT CARRYING PASSENGERS FOR HIRE, ARE NOT ACCEPTABLE.

Avoid costly mistakes and purchase the CORRECT type of equipment, contact the Marine Services Unit at (518)474-0445.

The Manufacturer of a boat 20 feet and less is required to affix a capacity plate to each vessel they produce. The capacity place looks like this.



If your boat has a capacity plate, fill in the blanks below.

\_\_\_\_\_ persons or \_\_\_\_\_ lbs.  
 \_\_\_\_\_ lbs. persons, motor, gear  
 \_\_\_\_\_ H. P. motor