

VESSEL OWNER/AGENT CONTACT QUESTIONNAIRE

VESSEL NAME	_____
CG AND/OR STATE REGISTRATION#	_____
CITY _____ PARISH	_____
LAT-LONG	_____
LOCATION DISCRPTION	_____
WATERWAY	_____
Distance from navigable water: 0-25ft 25-50 ft 50-100 ft 100-150ft 150 or more feet	
Current Status: (Grounded/Sunk/etc.)	_____
VESSEL TYPE _____ LENGTH _____	
CONSTRUCTION MATERIAL: STEAL / WOOD / FIBERGLASS / OTHER	
WEIGHT	0-10 Tons 10-50 Tons 50 or More Tons

NAME OF OWNER/AGENT	_____
PHONE NUMBER	_____
CELL	_____
FAX	_____
ADDRESS	_____

OTHER PERTINENT INFO:	_____

Do you have insurance for the vessel?	YES NO
If yes, who is the insurance provider?	_____
Policy #	_____
What are your intentions regarding the vessel (what do you plan to do with the vessel)?	_____

USCG assist with salvage?	YES NO
RP to complete salvage?	YES NO
If you intend to salvage yourself, when do you intend to complete?	_____
Signature _____	Date: _____
(by:Owner/Agent)	

FOR COAST GUARD / FEDERAL GOVERNMENT USE ONLY:	
Does this meet the requirements to be federalized?	Y N
Other cases to cluster w/ this case:	_____
CASE #	_____