

Ship Registration Application

PLEASE COMPLETE IN CAPITAL LETTERS USING BLUE OR BLACK INK

SECTION 1

DETAILS OF VESSEL:

| | | |
|-----------------------------|---------------|---|
| NAME OF SHIP | JY / J Number | PREVIOUS NAME/NUMBER (if applicable) |
| SMALL SHIPS REGISTER NUMBER | SSR: | VESEL NEW TO ISLAND YES <input type="checkbox"/> NO <input type="checkbox"/> |

TYPE OF VESSEL:

| | | | |
|--|--|---|---|
| Motor Cruiser <input type="checkbox"/> | Sports/speed Boat <input type="checkbox"/> | Rigid Inflatable <input type="checkbox"/> | Sailing Dinghy <input type="checkbox"/> |
| Sail Yacht <input type="checkbox"/> | Jet ski <input type="checkbox"/> | Other (please specify) <input type="text"/> | Rowing Boat <input type="checkbox"/> |
| | | | Tender <input type="checkbox"/> |

DESCRIPTION OF VESSEL:

| | |
|-----------------------------------|--------------------------------------|
| MAKE / MODEL | YEAR OF MANUFACTURE |
| LENGTH <input type="text"/> m | DRAFT <input type="text"/> m |
| BEAM <input type="text"/> m | NUMBER OF HULLS <input type="text"/> |
| HULL COLOUR | TOPSIDE COLOUR |
| ENGINE TYPE FITTED | FUEL TYPE |
| <input type="checkbox"/> INBOARD | <input type="checkbox"/> DIESEL |
| <input type="checkbox"/> OUTBOARD | <input type="checkbox"/> PETROL |

RADIO AND NAVIGATION EQUIPMENT:

| | | | |
|-------------------------------|---------------------------------|----------------------------------|-------------------------------|
| DSC: <input type="checkbox"/> | RADIO: <input type="checkbox"/> | MMSI NUMBER <input type="text"/> | CALLSIGN <input type="text"/> |
|-------------------------------|---------------------------------|----------------------------------|-------------------------------|

SECTION 2

PRIMARY OWNER:

| | |
|----------|---------------|
| TITLE | SURNAME |
| FORENAME | DATE OF BIRTH |
| MIDDLE | NATIONALITY |

ADDRESS/CONTACT DETAILS:

| | |
|-----------|----------------------|
| HOME: | <input type="text"/> |
| MOBILE | <input type="text"/> |
| EMERGENCY | <input type="text"/> |
| EMAIL | <input type="text"/> |

IF THE SHIP IS TO BE OWNED BY TWO OR MORE INDIVIDUALS, ALL ADDITIONAL OWNERS AND CONTACT DETAILS MUST BE ENTERED ON REVERSE OF THIS DOCUMENT

SECTION 2a

ADDITIONAL EMERGENCY CONTACT DETAILS:

| | |
|----------------|------------------------------|
| NAME | RELATIONSHIP TO VESSEL OWNER |
| ADDRESS | |
| HOME TELEPHONE | MOBILE |
| | WORK |

The information provided is required by Jersey Harbours in accordance with the Harbours (Inshore Safety) (Jersey) Regulations 2012. The data contained is processed in compliance with the Data Protection (Jersey) Law 2005 for the purposes of administering vessel registration and safety at sea. No information will be passed to any third parties without your prior consent.

This application may be posted or taken personally to JERSEY HARBOURS, PORT OF JERSEY REGISTRATIONS DEPARTMENT, MARINE LEISURE CENTRE, NEW NORTH QUAY, ST HELIER, JERSEY, JE2 3ND with the registration fee and Copy of insurance documentation. Cheques should be made payable to the "Treasurer of the States". Credit cards accepted .Current fee £20.00

Insurance held Y N

Under regulation 7(5) of the Harbours (Inshore Safety) (Jersey) Regulations 2012 – it is an offence to provide the HarbourMaster information that is false or misleading when registering a vessel.

SIGNATURE OF PRIMARY OWNER:

PRINT NAME:

DATE:

OFFICIAL USE ONLY

DATE RECIEVED

MMS_UPDATED

INITIAL

JOINT OWNER:% of shares

| | | | |
|-----------|--|----------------|------------|
| TITLE | | PLACE OF BIRTH | |
| SURNAME | | DATE OF BIRTH | |
| FORENAMES | | NATIONALITY | |
| | | | HOME: |
| | | | MOBILE: |
| | | | BUSINESS: |
| | | | EMERGENCY: |
| POST CODE | | E-mail: | |

SIGNATURE:

DATE:

JOINT OWNER:% of shares

| | | | |
|-----------|--|----------------|------------|
| TITLE | | PLACE OF BIRTH | |
| SURNAME | | DATE OF BIRTH | |
| FORENAMES | | NATIONALITY | |
| | | | HOME: |
| | | | MOBILE: |
| | | | BUSINESS: |
| | | | EMERGENCY: |
| POST CODE | | E-mail: | |

SIGNATURE:

DATE:

JOINT OWNER:% of shares

| | | | |
|-----------|--|----------------|------------|
| TITLE | | PLACE OF BIRTH | |
| SURNAME | | DATE OF BIRTH | |
| FORENAMES | | NATIONALITY | |
| | | | HOME: |
| | | | MOBILE: |
| | | | BUSINESS: |
| | | | EMERGENCY: |
| POST CODE | | E-mail: | |

SIGNATURE:

DATE:

Persons entering into a joint ownership agreement should be aware the Ports of Jersey will deem all parties liable for any and all costs, due to the Ports of Jersey, howsoever incurred

Failure by the primary named owner to settle any invoices due upon demand will render any or all joint owners liable for such costs and subject to standard recovery procedures

Persons under eighteen years of age may not be registered as a joint owner