

SUPPLEMENTAL BOAT ASSESSMENT QUESTIONNAIRE

FOR COMMERCIAL VESSELS

Boat Name: _____ Registration No.: _____

Vessel Location (Marina): _____ Slip No.: _____

Ownership: Name _____

Vessel's F & G No. _____

Date Acquired _____

Street Address _____

City, State, Zip Code _____

1. Date fishing operation started: _____

2. Percentage of total use for commercial fishing operations: _____ %

Percentage used for other purposes:

(A) Pleasure _____ % (B) Sport fishing _____ %

(C) Cruising _____ % (D) Charters _____ %

3. Total number of days fished for commercial purposes:

_____ From January 1, 20____ to December 31, 20____; or

_____ From date of acquisition, if after January 1, 20____.

4. Total weight of fish caught: _____ tons or _____ pounds.

5. Is vessel insured as a commercial vessel? Yes No

If yes, Company: _____

Agent: _____

Phone No.: _____

6. Is commercial fishing the primary livelihood of the owner? Yes No

7. Personal commercial licenses:

Owner _____ Number _____ Acquired _____

Crew _____ Number _____ Acquired _____

Crew _____ Number _____ Acquired _____

Crew _____ Number _____ Acquired _____

8. Attach copies of fish and game receipts for fish commercially caught and sold for the period January 1, 20____ through December 31, 20____. The only acceptable receipts are fish and game receipts which show block numbers. Receipts will be returned.

I declare that the foregoing report and all information hereon, including any accompanying statements, documents, schedules and reports, is true, correct and complete to the best of my knowledge and belief.

Signature

Phone

Date