



VESSEL OF OPPORTUNITY PROGRAM
EXHIBIT 1
VESSEL SPECIFICATION FORM

DATE:

Vessel Name:	Home Port:	Official #
Owner:	Phone:	Email:
Mailing Address:		
Operator:	License (6 pack/50 ton):	Crew Spill Response Training:
Type of Vessel:	Year Built:	Survey Date:
USCG Safety Inspection (date):	Length (ft):	Hull (Alum/Steel/Fiberglass):
Draft (ft):	Beam (ft):	V/Semi-V/Flat:
Berthing Capacity:	Crane/Boom Capacity (lb):	Davit Capacity (lb):
HP:	Prop/Jet:	# of Drives:
Bow Thruster:	Trolling Clutch:	Life Raft (capacity):
Life Raft (capacity):	Skiff:	Survival Suits (#):
Dry Rate:	Wet Rate:	
Tracking: <input type="checkbox"/> AIS <input type="checkbox"/> Other <input type="checkbox"/> None	Navigation: <input type="checkbox"/> GPS <input type="checkbox"/> Radar <input type="checkbox"/> Other	Comms Equip: <input type="checkbox"/> VHF <input type="checkbox"/> SSB <input type="checkbox"/> EPIRB <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sat Phone (#): _____
Insurance Carrier:	Employer Liability Amount:	Pollution Amount:
	Hull/Machinery Amount:	Work Comp Amount:
Other:		