

[Form 2]

DETAILS OF ADDITIONAL VESSELS



PROFESSIONAL
CHARTER
ASSOCIATION
entertaining afloat

Member's Name: _____

Business Name: _____

Please write clearly

Name of Vessel: _____ **Home Port:** _____

Vessel Type: _____
(Make / Model/ Description)

Normal Operating Area: _____ Permitted Category: _____

Type of Operating Licence: _____ Licence No.: _____
(i.e. MCA Code of Practice / Local Authority Boat Licence)

Expiry Date: _____ No. of Passengers / Crew: _____

Description of services provided: _____

Name of Vessel: _____ **Home Port:** _____

Vessel Type: _____
(Make / Model/ Description)

Normal Operating Area: _____ Permitted Category: _____

Type of Operating Licence: _____ Licence No.: _____
(i.e. MCA Code of Practice / Local Authority Boat Licence)

Expiry Date: _____ No. of Passengers / Crew: _____

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Name of Vessel: _____ **Home Port:** _____

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Description of services provided: _____
