

State of California - The Resources Agency

DEPARTMENT OF FISH AND GAME

http://www.dfg.ca.gov/ospr/organizational/msb/maritime/maritime.htm

1700 K Street, Suite 250 Post Office Box 944209 Sacramento, California 94244 (916) 327-9946



ESCORT TUG INSPECTION PROGRAM APPLICATION FOR ENROLLMENT

Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Last Dry Docking	Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Last Dry Docking	Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Last Dry Docking	
			6)			11)			
			7)			12)			
			8)			13)			
						,			
			9)			14)			
			10)			15)			
			(P	lease attached additional sheets	if needed)				
Name of Tug Operator (Office Telephone Number) (Fax Telephone Number)						Please enclose the following documentation for each enrolled tug			
						Вс	Bollard Pull Certificate (most current) Vessel Particulars		
Location (Street Address) (City) (State) (Zip Code)						As applicable, en	As applicable, enclose tug operator's Certificate of Compliance with the following Management Systems:		
						AWORG	P ISM	ISO	
Point of Contact (Title, First & Last Name) (E-Mail Address)						(Signature)		(Date)	
Working Port (Circle One)									
San Francisco Los Angeles / Long Beach San Diego Humboldt							Port Hueneme		