

Jersey Marinas, Marine Leisure Centre,
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Application for the Registration of Boat

In accordance with Part II of the Boats and Surf-Riding (Control) (Jersey) Regulations, 1969, as amended.

PERSONAL DETAILS (Please complete in BLOCK CAPITALS)

Name:	
Address:	
Postcode:	
Telephone (Work):	Telephone (Home):
Mobile:	Email:

BOAT DETAILS

Boat Name:	Boat Number: JY	
Boat's Previous Name:	Boat's Previous Owner:	
Previous Address:	Postcode:	
Class/Make of Boat:		
Length (m):	Breadth (m):	Draught (m):

Please tick where appropriate

Type:	<input type="checkbox"/> Motor	<input type="checkbox"/> Sail	<input type="checkbox"/> Motor/Sail	<input type="checkbox"/> Rowing					
Use:	<input type="checkbox"/> Private Pleasure	<input type="checkbox"/> Licence Passenger	<input type="checkbox"/> Registered Fishing Vessel	<input type="checkbox"/> Commercial Work Boat					
Construction:	<input type="checkbox"/> GRP	<input type="checkbox"/> Steel	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Rubber	<input type="checkbox"/> Wood	<input type="checkbox"/> Other			
Keel Type:	<input type="checkbox"/> Fin	<input type="checkbox"/> Bilge	<input type="checkbox"/> Drop	<input type="checkbox"/> Long	<input type="checkbox"/> Flat	<input type="checkbox"/> Deep 'V'	<input type="checkbox"/> Legs	<input type="checkbox"/> Cradle	<input type="checkbox"/> Cathedral
Hull Colour:	Deck Colour:								
Engines:	Number Fitted:	Horse Power:	Make:	Serial Numbers					
VHF Radio:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Make:	Call Sign					
Mooring:	<input type="checkbox"/> Marina	<input type="checkbox"/> Drying	<input type="checkbox"/> Outlying Harbours	Location:					

Registration Fee: £ (Cheques made payable to Treasurer of the States)

Signature (Applicant) Date: / /

Confidentiality/Privacy Statement

The information you provide will be processed for Jersey Marinas administration purposes under the requirements of the Data Protection (Jersey) Law 1987 and may occasionally be disclosed and used outside Jersey Marinas. If you wish for your individual consent to be sought for these disclosures please advise us in writing.

Please return this application form to the Marine Leisure Centre with your registration fee and valid insurance documents.

FOR OFFICE USE:	Approved by:		
British Register No:	Port:	Prev Owner Ref:	SSR No:
Facility No:	Registered by:	System Updated:	Fee Received: £