



LIVEBOARD OCCUPANCY REGISTRATION & APPLICATION FOR TRANSFER OF BERTH/INSPECTION FORM

MEMBERSHIP DETAILS	CONTACT DETAILS
First Name: _____	Home: _____
Last Name: _____	Work: _____
Company Name: _____	Mobile: _____
Address: _____	Email: _____

Membership Type: Family/Single (please circle)

VESSEL DETAILS

Vessel Name: _____

Vessel Type: Power Boat Sail Boat (Trimaran/Catamaran/Single)

Vessel model: _____

VESSEL DETAILS

Length: _____ Beam: _____

No. of fixed beds/bunks: _____

Marina Finger & No. _____

Do you wish to stay on board your vessel? Yes/No (please circle)

Do you have holding tanks (macerator/lectrasan)? Yes/No (please circle)

All boats with live aboard status to be fitted with toilet macerator or lectrasan. Non-compliance should be reported to the marina office.

Is the vessel of sufficient size, is sea worthy, safe maneuverable under its own power and is suitably equipped to sustain living aboard?

Yes/No (please circle, if not please state the reasons)

INSURANCE DETAILS

Insurer: _____

Policy No. _____

Expiry Date: _____

(You will be required to present Insurance before occupancy)

PERMANENT RESIDENTS [Full name & Age (age is only required if under 18years)]

Full name & Age:

Adults _____

Children _____

Principal	Self-Compliance (Yes/No)	Review Committee Finding
Is the boat in a sound and serviceable condition?		
Is the boat comprehensively insured as required under the OA (Provide copy of certificate)		
Are fire extinguishers serviceable and with current inspection tag?		
If the boat is or proposed to be a live-aboard, is there a fire blanket?		
Does the boat have operable bilge pumps-in both manual and automatic modes?		
Has the boat passed the maneuverability requirements within the last 6 months?		
Has the new owner-boat experience and capable of operating the boat?		

The number of people sleeping overnight on a liveaboard cannot exceed the number of fixed berths/bunks installed in the vessel. This is to ensure safety and not overburden the marina environment and Club facilities.

If any of the above response is "NO", please attach details of how and when this or these deficiencies will be rectified.

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- Your application will be reviewed by a member of the Marina Management Committee.
 - If the review committee does not support the transfer of the berth against the above principals, you have the right to appeal to the EC.
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Club use:

I have reviewed the above request to transfer berth and recommend that: *(Strike out those not applicable)*

1. The berth be transferred as requested;
2. The berth be transferred as requested, provide that the following is undertaken:

3. The berth be NOT transferred as requested due to the following:

Occupant/Boat Owner

Royal Papua Yacht Club Inc.

Date: _____

Date: _____