Marine Inspection Report For
“NOT MORE THAN SIX PASSENGERS FOR HIRE” or
ANNUAL DOCKSIDE INSPECTION

* This report must accompany an application for a “Passengers for Hire” watercraft application.

* Retain a copy for your records and return this form, along with the Passenger Boat License Application and a copy of a valid USCG Operator’s License for each operator to:

Illinois Department of Natural Resources
Passenger Boat License
One Natural Resources Way
Springfield, IL  62702-1271

VESSEL INFORMATION:

MAKE: ________________________________     MODEL:________________________________________
REG #: __________________     HULL ID #: ___________________________________________________
U.S.C.G. DOCUMENTATION # (IF APPLICABLE): _____________________________________________
LENGTH (FEET ONLY): __________     BEAM: __________   CAPACITY (PERSONS): _______________

I CERTIFY that I have inspected the above-named vessel according to the requirements of the Illinois Department of Natural Resources (Ill. Admin. Code, Title 17, Part 2080, adopted 20 Ill. Reg. 15697, effective December 2, 1996, as amended), as outlined below:

__________USCG Approved P.F.D.s:

   Total # Wearable Type I, II, III, V __________
   Total # Throwable Type IV __________

A. Each with 31.5 square inches of reflective material on the front and 31.5 square inches of reflective material on the back.

B. Each readily accessible, and allowed to float free when practical.

C. If not readily visible, container marked “LIFE PRESERVERS” and number of devices listed. Label at least 1” letters of contrasting color. Differing sizes stored separately.

D. Documented Watercraft: Each PFD marked with vessel name in 1” letters in contrasting color.
   Undocumented Watercraft: Each PFD marked with Registration Number in 1” letters in contrasting color.

E. Type IV PFD readily accessible, with 50’ of line attached, and marked in accordance with D, above.
Fire Extinguisher(s)

A. Portable USCG approved extinguisher located accessible to the helm.
B. Examined monthly.
C. Foam extinguishers discharged, cleaned, and inspected annually by qualified fire fighting equipment repair service.
D. Dry chemical and carbon dioxide extinguishers re-weighed annually by qualified fire fighting equipment repair service.

First Aid Kit: A minimum of one (1) first aid kit containing at least 16 units on board watercraft.

Emergency Procedures Lists:

A. Radio Procedures
B. Leaks and Damage Control
C. Fire or Explosion
D. Man Overboard

Visual Distress Signals (Only on Navigable Waters, Carlyle Lake, Lake Shelbyville, and Rend Lake).

A. Appropriate Number and Type
B. USCG approved, and not past the expiration date.

Light: At least one (1) battery-operated light, D-cells or larger, accessible and in serviceable condition.

Cooking and Heating Appliances (when present)

A. Of a type commonly manufactured for use aboard watercraft
B. Installed in adequately ventilated area and secured to the vessel.

Marine Radio: In good working condition (Only on Navigable Waters).

Compass: A good and serviceable compass (Only on Navigable Waters).

Toilet and Sanitary Facilities (except open boats and watercraft where suitable privacy enclosures are not practical).

A. Equipped with at least one (1) marine toilet.
B. Toilet connected to permanently installed holding tank, which allows for dockside pump out.
C. The use of Y valves or other means which would allow for overboard discharge directly or indirectly in the water is prohibited.
D. Maintained in a serviceable and sanitary condition.
Anchor and Line.

A. One (1) anchor of a suitable size and type, and an appropriate length of suitable anchor line is readily available on board (a minimum of 150' of such line is required on Lake Michigan).

B. Line attached to anchor by eye splice, thimble, and shackle.

Proof of compliance with U.S. Coast Guard and D.O.T. drug testing regulations (Only on Navigable Waters).

I FURTHER CERTIFY that the above-named vessel met all of the requirements of the Illinois Department of Natural Resources as set forth therein.

DATE OF INSPECTION: _________________________________________

I FURTHER CERTIFY that I meet the requirements of the Illinois Department of Natural Resources to be designated (check one):

________ MARINE INSPECTOR (FOR MORE THAN SIX PASSENGERS)

________ INDEPENDENT CERTIFIER (NOT MORE THAN SIX PASSENGERS)

NAME: ______________________________________________________

ADDRESS: _________________________________________________

TELEPHONE # (_______)_______________________________________

under the following qualifications: __________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________

SIGNATURE: _____________________________________________ DATE: _____________________________________