



Sign UP for a Courtesy **“Vessel Safety Check”** at Your Boat !

NAME (Vessel Owner)	Contact #	E-Mail Address	Vessel Type	Previous VSC Exam
> _____ _____ _____ _____ _____ Dock / Slip: # _____	() _____ _____ () _____	> _____ _____ _____ _____	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: _____
> _____ _____ _____ _____ _____ Dock / Slip: # _____	() _____ _____ () _____	> _____ _____ _____ _____	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: _____
> _____ _____ _____ _____ _____ Dock / Slip: # _____	() _____ _____ () _____	> _____ _____ _____ _____	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: _____
> _____ _____ _____ _____ _____ Dock / Slip: # _____	() _____ _____ () _____	> _____ _____ _____ _____	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: _____
> _____ _____ _____ _____ _____ Dock / Slip: # _____	() _____ _____ () _____	> _____ _____ _____ _____	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: _____

NAME (Vessel Owner)	Contact #	E-Mail Address	Vessel Type	Previous VSC Exam
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----
> ----- ----- _____ Dock / Slip: #	() _____ ----- ----- () _____	> ----- ----- -----	<input type="checkbox"/> In/ Out Motor <input type="checkbox"/> Sailboat <input type="checkbox"/> Jet-Ski (PWC) <input type="checkbox"/> Paddlecraft (Canoe/ Kayak)	<input type="checkbox"/> No <input type="checkbox"/> Yes Yr Last Exam: -----