

EXTENDED NAVIGATION QUESTIONNAIRE

APPLICANT NAME:	VESSEL NAME:
SKIPPER & CREW	
List the names and dates of birth for all crew:	
Skipper:	

#1	

#2	

#3	

#4	

#5	

#6	

#7	

List all practical experience of the skipper and crew including any offshore passages and ocean crossings. Specify voyage distance and duration or attach sailing resumes (resumes are desired). Also list any and all seamanship courses taken.	

Voyage: List your intended itinerary for the voyage, including dates and all countries or island groups in order of landfall in which you plan to sail:

If you do not have a set itinerary please define area by latitude & longitude, departure date and voyage completion date:

Do you plan on leaving your vessels unattended for an extended period of time? If yes-please give a detail of your plans including person(s) or facilities that you have made arrangements with to care for your vessel during your absences:

Sextant _____ Sat Nav _____ GPS _____ Plotter _____ Radar _____ Wx Fax _____
VHF _____ Hand held VHF _____ SSB _____ Ham Radio _____ Cellular Phone _____ Auto Pilot

Other:

Backup battery charging system: (List type)

Machinery – Engine Manufacturer/HP/Fuel:

Fuel capacity: _____ Range under power: _____ Speed under power:

Fuel consumption per hour under power: _____

Generator – Manufacturer: _____ Capacity: _____ KW

List all emergency equipment: Life raft – Make and capacity:

Dinghy make & type: _____ Color:

Flares/Number: _____ Hand held _____ Smoke: _____

Radar reflector: _____ Life Jackets:

Harnesses: _____ Jack Lines:

E.P.I.R.B. Type and Frequency:

Notes:

