



Canal Boat Certification Application Form

Name of contact: _____

Address: _____

Phone: _____ email: _____

Organization represented: _____

Name of boat to be certified: _____

If existing boat, date boat went into operation: _____

If new boat, date operation is to begin: _____

Name(s) of designers and primary fabricator(s) of boat: _____

Name of owner of boat: _____

Other Information: _____

Date: _____ Signature of applicant: _____

Date: _____ Signature of owner: _____

Owner hereby agrees to display certification plaque in prominent location on boat.