



Docking Permit Application

Vessel Name: _____

Vessel Type: _____ DNR APMA# _____

Registration # (USCG/AK) _____ EPIRB # _____

Length: _____ Width: _____ Draft: _____

VHF channels: _____

Navigation Lights (Describe): _____

Petroleum Products Capacity (fuel, oil, Hyd Fld, propane, glycol): _____

Vessel Owner: _____ Cell: _____

Billing Address: _____ Email: _____

City: _____ DL#: _____

State/Zip Code: _____ DOB: _____

Vessel Operator: _____ Cell: _____

Billing Address: _____ Email: _____

City: _____ DL#: _____

State/Zip Code: _____ DOB: _____

2nd Vessel Contact _____ Cell: _____

Winter Contact _____ Phone: _____

Billing Address _____ Cell: _____

City _____ Fax: _____

State/Zip Code _____ Email: _____

By signing this form, I have received/read a copy and agree to follow all rules and terms of the Port of Nome Tariff No.16.2

Signature _____ Date _____

Harbor Office Use Only

USCG Safety Inspection	<input type="checkbox"/>	Application Date	_____
Port Account Current	<input type="checkbox"/>	Vessel Length	<input type="checkbox"/>
City Account Current	<input type="checkbox"/>	Vessel Draft	<input type="checkbox"/>
NJUS Account Current	<input type="checkbox"/>	Insurance Doc	<input type="checkbox"/> Ins requirement met: Y N
Prepay	<input type="checkbox"/>	Registration Number	<input type="checkbox"/>
River Permit	<input type="checkbox"/>	Harbor Permit	<input type="checkbox"/>