



University of California, Santa Barbara Report of Vessel Charter

INSTRUCTIONS

Use the Report of Vessel Charter form to initiate the approval process for a vessel charter. Submit completed form to UCSB Risk Management.

DEPARTMENT

Date of Report: _____ Campus: **SANTA BARBARA** UCSB P.O. No. (attach copy): _____

Department: _____ Dept. Account No.: _____ Fax: _____

Dept. Contact: _____ Email: _____ Ph: _____

TRIP INFORMATION

Date(s) of Charter: _____ Time(s) of Charter: _____

Number of Passengers: UC Employees: _____ Students: _____ Other Invitees: _____ Is this an exclusive UC charter? Yes No

If no, explain: _____

Sponsoring UC Employee: _____ Ph: _____ Class Name & No: _____

Charter Itinerary (use attachment if necessary): _____

Purpose of Charter (use attachment if necessary): _____

VESSEL INFORMATION

Name of Vessel: _____ Value of Vessel: \$ _____ Age of Vessel: _____

Owner/Operator: _____ Address: _____

Operator Ph: _____ FAX No: _____ Vessel Construction (material): _____

Safety Equipment on Board: _____

Name of Licenced Skipper: _____ License No: _____

Experience of Crew (describe in years): _____

Navigational Limits: _____

Passenger Capacity: _____ Number of crew: _____ Crew provided by: Owner Other (if other, OPRM prior approval is required)

REVIEW & APPROVAL

UCSB Purchasing Department: _____ Date: _____

UCSB Risk Management: _____ Date: _____

OP Risk Management (if required): _____ Date: _____

ATTACH DOCUMENTATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Certificate of Insurance (req'd) | <input type="checkbox"/> Current Marine Survey | <input type="checkbox"/> Purchase Order & Purchase Order Requisition (req'd) |
| <input type="checkbox"/> U.S. Coast Guard Inspection Report (req'd) | <input type="checkbox"/> Charter Agrmt. (req'd) | <input type="checkbox"/> Other: _____ |