

## SURVEY INSTRUCTIONS

Before filling out the survey form, please read the following instructions carefully. A sample form is included for your assistance.

Explanations for each survey data field are provided below. If you operate more than one vessel, **please complete one survey form for each vessel you operate.**

### Survey Data Fields

#### COMPANY & CONTACT INFORMATION

**Contact Name (and Title):** Enter the name and title of the person to be contacted by the ARB in case we have questions about the information provided.

**Email:** Enter the email address of the contact person, if available.

**Company Name:** Enter the name of the company that operates the vessel.

**Mailing Address/City/ZIP Code:** Mailing address, city, and ZIP code of the operator.

**Date:** Enter the date the survey form was completed.

**Phone:** Enter the phone number of the contact person.

**Fax:** Enter the fax number of the contact person.

**General Description of Service:** Please describe the type and geographic range of your service.

#### VESSEL INFORMATION

**Vessel Name:** Enter the name of the vessel being reported (one vessel per sheet).

**Home Port:** Enter the name of the port where the vessel is normally berthed..

**Year Build:** Enter the year the vessel was built.

**Vessel Dimensions:** Enter the length and width of the vessel.

**Home Port:** Enter the vessel's home port. A vessel's home port is the principal place for embarkation or debarkation of passengers, or the loading or unloading of supplies, and is normally used for the overnight berthing of the vessel.

**U.S. Coast Guard No.:** Please enter the U.S. Coast Guard documentation number assigned to the vessel. If the vessel is not documented with the U.S. Coast Guard, please provide the IMO ID and/or the MSSI No. (preferrably the latter).

**“Operator” or “Owner/Operator”:** Please check the box indicating whether the reporting entity operates the vessel, or owns and operates the vessel.

## VESSEL INFORMATION (continued)

**Vessel Type:** Please check the box(s) of the most appropriate type(s) of commercial harbor craft shown on the form. If the vessel is used for more than one type of operation, check all boxes that apply. Descriptions of the different types are as follows:

**Crew Boats:** self-propelled vessel used for carrying personnel to and from off-shore and in-harbor locations (including, but not limited to, off-shore work platforms, and construction sites).

**Supply Boats:** self-propelled vessel used for carrying supplies to and from off-shore and in-harbor locations (including, but not limited to, off-shore work platforms, construction sites, and other vessels).

**Pilot boats:** self-propelled vessels used to taxi harbor pilots out to ocean going vessels.

**Specific Service Information:** Please describe particular unique details of each vessel's service. If the vessel serves an offshore platform, please give the approximate location in either longitude/latitude or geographical points of reference, and approximate frequency of service.

## ENGINE INFORMATION

**Propulsion/Auxiliary Engines:** Please enter the following information about your vessel's propulsion and auxiliary engines in the appropriate space provided (one line per engine). If information is not available, please mark "N/A" or make your best estimate.

**Manufacturer:** Enter the name of the manufacturer of each engine.

**Model:** Please provide the model number of each engine.

**Model Year:** Please provide the model year of each engine.

**Number of Cylinders:** Please provide the number of cylinders for each engine.

**Total Engine Displacement:** Please provide the total displacement of each engine in liters.

**Maximum Rated Horsepower:** Please provide the maximum rated horsepower of each engine.

**Year Rebuilt to a Cleaner Standard:** If the engine has been rebuilt with the specific objective of reducing emissions below original engine emission levels, please provide the date that the rebuild to a cleaner engine standard was performed.

**Annual Fuel Consumed:** Please provide your best estimate of the annual fuel use for each engine for 2007. If you are unable to allocate the fuel use by engine, please provide total fuel consumption per vessel at the bottom. ARB will then use an alternative method to estimate the "per engine" fuel use.

**Annual Operating Hours:** Please enter the total annual operating hours for each engine and an estimate of total hours of operation spent:

- (1) within 3 miles of shore (including in-port activities);
- (2) beyond 3 miles out to 24 miles from shore;
- (3) beyond 24 miles from shore.