

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG 2736 (Rev. 6-04)

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

(See Instructions and Privacy Act Statement on page 3)

- INITIAL (NEW) REPORT
- REINSPECTION (REOFFER)
- CHANGE

SECTION I OWNER DATA - Owner fill in all unshaded blocks

| | | | | | | | | | | | |
|-------------------------------|--|-------------------|--|--|--|--|--|---|--|--|--|
| OWNER'S MEMBER NUMBER | | | | OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL | | | | TYPE OF OWNERSHIP (Check one) All owners must sign Section III | | | |
| CO-OWNER'S MEMBER NUMBER | | | | CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL | | | | <input type="checkbox"/> SOLE <input type="checkbox"/> HUSBAND/WIFE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CORPORATE | | | |
| FACILITY STATUS | | REG OR DOC NUMBER | | FACILITY'S NAME | | | | | | | |
| B | | | | | | | | | | | |
| FACILITY'S DISTRICT CALL SIGN | | | | IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE → | | | | | | | |

SECTION II FACILITY DATA - Completed by owner

| | | | | | | | | | | | | | | |
|------------------------|------|--------------|---------------------|---------------|---|-------------------------|--|---|--|----------------|---------------|----------------------|----------------|--|
| Vessel Location | | | ZIP Code | | Trailered <input type="checkbox"/> Yes <input type="checkbox"/> No | | Manufacturer | | | Model | | Year | | |
| Length | Beam | Draft | Type Vessel | | | No. Bunks | Installed Head <input type="checkbox"/> Yes <input type="checkbox"/> No | Range Installed <input type="checkbox"/> Yes <input type="checkbox"/> No | Space Heater <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Capacity | | | | |
| Type Power | | No. Engines | Engine Manufacturer | | | Model Number | Year | Horsepower | | Type Fuel | Fuel Capacity | | | |
| Aux. Generator Mfg. | | Model Number | | K.W. Capacity | | Voltage (s) | | Fuel Consumption | Economical | Cruise | Maximum | | | |
| | | | | | | | | Speed in Knots | | | | | | |
| | | | | | | | | Gallons per Hour | | | | | | |
| NAVIGATION EQUIPT. | | MANUFACTURER | | MODEL NO. | | RADIO EQUIPT. | | MANUFACTURER | | MODEL NO. | | OUTPUT WATTS | GOVT CHAN/FREQ | |
| Compass | | | | | | MF/HF SSB | | | | | | | | |
| Radio Direction Finder | | | | | | VHF-FM | | | | | | | | |
| Depth Finder | | | | | | VHF-AM | | | | | | | | |
| Radar | | | | | | OTHER SPECIAL EQUIPMENT | | | | | | | | |
| Loran | | | | | | | | | | | | | | |
| GPS / DGPS | | | | | | | | | | | | | | |
| TOTAL VALUE OF VESSEL | | | VALUE - HULL | | | VALUE - MACHINERY | | | VALUE - ELECTRONICS | | | VALUE - OTHER EQUIPT | | |
| | | | | | | | | | | | | | | |

SECTION III OWNER STATEMENT AND SIGNATURE - Completed by owner

The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway on orders.

The above is not offered for use as an operational facility.

I (we) certify that all entries in Sections I thru III are correct and current.

Signature of Owner _____ Date _____ Signature of Co-Owner _____ Date _____

SECTION IV VE'S ENDORSEMENT - Completed by VE

I have inspected the vessel above as a facility operational facility and certify that it does does not meet all requirements as such. It was inspected for use on Inland Protected Waters Coastal/Offshore Waters.

FAC INSP DATE _____ VE's Member No. _____

VE's Name _____ VE's Signature _____

SECTION V DIRAUX ENDORSEMENT - Completed by DIRAUX

This facility is Accepted Rejected as a vessel facility as an operational vessel facility of the U.S. Coast Guard.

_____ DIRAUX Signature _____ Date _____

| SECTION VI CME AND ADDITIONAL FEDERAL REQUIREMENTS - Completed by VE | | | | | |
|---|----|---|-----|----|--|
| Yes | No | Item | Yes | No | Item |
| | | 1. Numbering | | | 15. Dewatering device |
| | | 2. Registration / Documentation | | | 16. Overall vessel condition |
| | | 3. Navigation lights | | | 17. Electrical systems |
| | | 4. Sound producing device | | | 18. Galley / Heating systems |
| | | 5. Bell (boats 12m [39.4 ft] or longer) | | | 19. State requirements |
| | | 6. Personal Flotation Device (PFD) | | | 20. Marine Sanitation Device (MSD) |
| | | 7. Fire extinguishers (mounted, minimum) | | | 21. MARPOL Trash Placard |
| | | 8. Visual Distress Signals (VDS) inland | | | 22. Pollution Placard |
| | | 9. Visual Distress Signals (VDS) International | | | 23. Navigation Rules |
| | | 10. Ventilation | | | 24. CG Capacity Plate |
| | | 11. Backfire Flame Arrester | | | 25. Certificate of Compliance |
| | | 12. Fuel System | | | 26. Hull Identification Number (HIN) |
| | | 13. Anchor & Anchor Line | | | |
| | | 14. Alternate propulsion | | | |
| SECTION VII REQUIREMENTS FOR AN AUXILIARY FACILITY (Non Operational) - Completed by VE | | | | | |
| Yes | No | Item | Yes | No | Item |
| | | 1. Meets all requirements of Section VI | | | 8. RPM Table (or a means of determining speed) |
| | | 2. National Ensign | | | 9. Tools for emergency repairs |
| | | 3. CG Auxiliary Ensign | | | 10. Lantern - flashlight |
| | | 4. First Aid Kit | | | 11. Spare Navigation light bulbs |
| | | 5. Charts of operating area | | | * 12. Navigation plotting instruments |
| | | 6. Compass | | | 13. Depth sounder, leadline, sounding pole |
| | | 7. Deviation Table | | | 14. Boat hook |
| SECTION VIII REQUIREMENTS FOR AN OPERATIONAL AUXILIARY FACILITY - Completed by VE | | | | | |
| Yes | No | Item | Yes | No | Item |
| | | 1. Meets all requirements of Section VII | | | 17. Boarding ladder (or other means of boarding) |
| | | 2. Comms capability per operations Policy Manual | | | * 18. Kicker (skiff) hook |
| | | * 3. Satisfactory radio check on required frequencies | | | 19. Binoculars |
| | | 4. SAR Incident Auxiliary Report (CG-4612) at least 1 | | | 20. Blanket |
| | | 5. Auxiliary engine (sailboat only) | | | 21. Adequate fenders |
| | | 6. PFD (2 over legal requirements) | | | 22. Towline and bridle (appropriate size / length) |
| | | 7. Patrol Signboards and Patrol Ensign | | | 23. Heaving lines plus sufficient mooring lines |
| | | * 8. Search pattern plotting guide | | | * 24. Extra anchor and anchor line |
| | | 9. Stern and bow cleats thru hull w/back plates | | | 25. Search light |
| | | 10. Knife (3" blade minimum) | | | * 26. Loud hailer/megaphone |
| | | 11. Watch or clock | | | 27. Inspector viewed Reg/Doc papers for ownership |
| | | * 12. Portable pump or means of dewatering | | | 28. Attached Assent & Authorization form for multiple owners |
| | | * 13. Tide tables (local) | | | 29. Attached info requirements for corp. owned facilities |
| | | * 14. Light List for area (current) | | | 30. Attached authorization for corporate offer for use |
| | | 15. Navigation Rules, COMDTINST M 16672.2 (series) | | | 31. Additional items required by District Commander |
| | | 16. Extra fire extinguisher | | | |

PRIVACY ACT STATEMENT

1. Authority: 14USC 826 and 827.
2. Principal Purpose: To provide a means of selection and acceptance of vessels as U.S. Coast Guard operational and non-operational facilities.
3. Routine Uses: Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard operational and non-operational facilities.
4. Disclosure: Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified vessels as Coast Guard facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard facility.

Make sure your letters and numbers are printed like this:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

This form is used to report a vessel facility inspection and offer for use as well as to report changes in the status of a facility. If you sell or trade your facility and acquire a new one, this form is used to remove the old facility and enter the new one into the data base.

INSTRUCTIONS (Use Ballpoint pen)

Check the appropriate box, in the heading, for the type of report - initial (new) report, reinspection (reoffer), or change.

SECTION I - OWNER DATA Shaded area in SECTION I is for Director use only.

OWNER'S MEMBER NUMBER - The member holding the largest percentage of ownership enters their member number. If the owner is not Auxiliary, then enter "NON AUX." If the facility has multiple owners, enter primary owner's member number. If the facility has multiple owners and is being offered for use, then attach " Assent and Authorization for Use " information outlined in the Auxiliary Operations Policy Manual. If the facility is corporate owned, leave member number blank. If the facility is corporate owned and being offered for use, then also attach the required information and the "Corporate Resolution" authorizing offer for use as outlined in the Auxiliary Operations Policy Manual.

OWNER'S LAST NAME - Enter the last name, first name, and middle initial that corresponds to the member number. If the facility is corporate owned, enter the corporation's name.

TYPE OF OWNERSHIP - Check the appropriate box for ownership of facility.

CO-OWNER'S MEMBER NUMBER AND LAST NAME - Complete as above instructions for "OWNER," except this applies to the owner who holds the second largest percentage of ownership.

REG. or DOC. NUMBER - Enter the facility's state registration number or documentation number. Do not use hyphens or leave spaces between letters and numerals. Example: MD 9185 N is entered as MD9185N or CA 625 BA is entered as CA625BA. Leave unused blocks blank. If number exceeds available spaces enter as many as possible.

FACILITY'S NAME - Enter the name of the vessel. If the vessel does not have a name, leave this box blank.

FACILITY'S DISTRICT CALL SIGN - Enter the district assigned CALL SIGN for the facility being inspected.

PREVIOUS BOAT NO. - As necessary, enter the previous vessel's registration number if the facility being inspected replaces one that you previously owned. Do not use hyphens or leave spaces between letters and numerals.

SECTION II - FACILITY DATA (NOTE: To be completed by owner before inspection of vessel.)

VESSEL LOCATION - Enter the city and state where the vessel is located or berthed.

ZIP CODE - Enter zip code where the vessel is located or berthed.

TRAILERED - Check appropriate box.

MANUFACTURER - Enter the name of the manufacturer of the vessel.

MODEL - Enter the manufacturer's model number or the model name of the vessel.

YEAR - Enter the year the vessel was built.

LENGTH - State the length of the hull in feet, (as indicated on the Registration/Documentation papers).

BEAM - State beam of vessel in feet.

DRAFT - State the draft of the vessel in feet.

TYPE VESSEL - State if the vessel is OPEN or CLOSED construction, style of vessel, (example sailboat, cruiser, trawler, etc).

NO. BUNKS - Indicate sleeping capacity.

INSTALLED HEAD - Check appropriate box.

RANGE INSTALLED - Check appropriate box.

SPACE HEATER - Check appropriate box.

WATER CAPACITY - Enter the water tank capacity in gallons. If no water tank is installed, indicate "Not Applicable" or NA.

TYPE POWER - Indicate type power, (example: outboard, auxiliary sail, inboard, I/O or sailboat).

NO. ENGINES - Indicate the number of main propulsion engines on the vessel.

ENGINE MANUFACTURER - Indicate the name of the engine(s) manufacturer.

(Continued on next page)

MODEL NUMBER - Enter the engine(s) model number(s).

YEAR - Enter the year the engine(s) was (were) installed in the vessel.

HORSEPOWER - Enter the total horsepower of the engine(s).

TYPE FUEL - Enter the type of fuel the engine(s) require, (example: gasoline or diesel).

FUEL CAPACITY - Enter the total fuel capacity in U.S. gallons.

AUX. GENERATOR MFG. - If auxiliary generator is installed, indicate the manufacturer's name. If no auxiliary generator is installed, indicate "Not Applicable" or N/A.

MODEL NUMBER - Enter the model number of the auxiliary generator.

K.W. CAPACITY - Enter the output in kilowatts of the auxiliary generator.

VOLTAGE(S) - Enter the voltage and type (AC/DC) of the auxiliary generator.

FUEL CONSUMPTION - Indicate the fuel consumption per hour and speed in knots for economical, cruise, and maximum.

(NOTE: ONE (1) KNOT = 1.15 STATUTE MILES PER HOUR.)

NAVIGATOR EQUIPMENT - Enter the manufacturer and model number for the navigational equipment.

RADIO EQUIP. - Enter manufacturer's name, model number, output in watts, and government channels/frequencies available for the radio equipment. If synthesized, so state in lieu of listing all frequencies. (NOTE: Indications such as Channel 16, Channel 83, etc. is acceptable.)

OTHER SPECIAL EQUIP - In the space provided list other equipment or attach a separate sheet that lists other special equipment, if necessary. (Example: EPIRB, strobe light, inflatable life raft, cell phone, CB radios, etc.)

TOTAL VALUE OF VESSEL - Enter the total fair market value of the vessel and all of its equipment. If the vessel and all of the equipment is new, enter the cost price.

VALUE-HULL - Enter the fair market value of the hull. If the vessel is new enter the cost price.

VALUE-MACHINERY - Enter the fair market value of the vessel's engine(s), auxiliary generator, and any other machinery installed on the vessel. If they are all new, enter the cost price.

VALUE-ELECTRONICS - Enter the fair market value of all radios, depthfinders, radar, etc. installed on the vessel. If all are new, enter the cost price.

VALUE-OTHER EQUIP - Enter the fair market value of all other equipment installed in the vessel. (example: life raft, boathooks, anchors, etc.) If all are new, enter the cost price.

(NOTE: The sum total of the values of the hull, machinery, electronics, and other equipment cannot exceed the total value listed for the vessel.)

SECTION III - OWNER STATEMENT AND SIGNATURE

Check the appropriate box but be sure you fully understand the statements before checking the statement which best describes the owner's intentions on the OFFER FOR USE. Any question(s) should be answered to the owner's (s) complete satisfaction prior to signing and dating the form. For corporate owned facilities, the appropriate designed officer of the corporation is to sign as the owner. Remember, before any facility can be accepted for use, ALL appropriate information must be provided to and approved by the director.

SECTION IV - VE's ENDORSEMENT (To be completed by VE only).

Check the appropriate boxes.

If facility does not meet requirements, return VE signed form to owner - don't forward to director for signature.

Enter date of inspection. Enter your member number.

Print VE name and sign the form.

Give copy 2 to owner and, if requirements met, forward remaining copies to director.

SECTION V - DIRAUX ENDORSEMENT (To be completed by director only).

Make sure required documents are attached before checking box or signing.

Check the appropriate boxes.

Confirm (or issue) district call sign in Section I.

Sign and date the form.

Forward Copy 1 to owner and, if accepted, forward Copy 3 to AUXMIS Input site.

SECTION VI - CME and Additional Federal Requirements. (To be completed by VE only).

Check the appropriate boxes.

SECTION VII - Requirements for an Auxiliary Facility (Non-operational). (To be completed by VE only).

Check the appropriate boxes.

Items marked by an asterisk (*) are recommended but may be waived by the district commander.

SECTION VIII - Requirements for an Operational Auxiliary Facility. (To be completed by VE only).

Check the appropriate boxes.

Items marked by an asterisk (*) are recommended but may be waived by the district commander.

Attach required district requirements check-off list. (see item # 31)

Make sure required documents are attached. See Section 1 instructions.