



South Beach Harbor - Pier 40A

Phone (415) 495-4911 & Fax (415) 512-1351



Berth or Boat Change

License Amendment Year: _____

Berth Holder Name: _____ Account #: _____ Berth #: _____

Check all that apply: **Boat Change:** ☐ **Internal Move Berth:** ☐

Vessel Name: _____ Move Date: _____ AM ☐ / PM ☐

CF # or USCG #: _____ Expires: _____ Vessel Year / Make: _____

Vessel Colors: _____ Vessel Insurance Policy #: _____ Expires: _____

I accept the move from berth _____ to _____ with the adjusted Security Deposit.

Partner Names (if apply) _____

Berth Holder Signature: _____ Date: _____

FOR OFFICE ONLY- COMPLIANCE CHECKLIST FOR BERTH SIZE _____

• LOA & Beam as per USCG/ DMV REG/Survey LOA - _____ BEAM - _____ INSPECTION DATE: _____

• **Length/LOA:** **DECK -** _____ **OVERHANG -** _____ **TOTAL LOA -** _____
Inspected By: _____

• **Beam/Width:** _____
• Engine Start, forward and reverse gear: **Acceptable** ☐ or **Unacceptable** ☐ Inspected By: _____

• Hull Inspection: **Acceptable** ☐ or **Unacceptable** ☐ Inspected By: _____

• Bilge Pumps Working: **Yes** ☐ or **No** ☐ Inspected By: _____

• Derelict Vessel: **Yes** ☐ or **No** ☐ Inspected By: _____

• Engine & Bilge Check: **Yes** ☐ or **No** ☐ Inspected By: _____

• Thru Hull for waste Closed: **Yes** ☐ or **No** ☐ Inspected By: _____

• Dock Condition Check: **Yes** ☐ or **No** ☐ Inspected By: _____
(Like Rub rail, Dock box, Power, etc.)

• Vessel Picture **Yes** ☐ or **No** ☐ Inspected By: _____

The vessel was approved as a good fit with the neighbor's boat in berth. **Yes** ☐ or **No** ☐

Comments: _____

Asst. Harbormaster Approval – Becca Gross: _____ Date: _____

REPORTED TO TAX ASSESSORS:

For Boat: ☐ For Berth: ☐

Office Manager Approval – Linda Green: _____ Date: _____