



The Licensing Team
Environmental Health & Housing
North Devon Council
Civic Centre, North Walk
Barnstaple, Devon EX31 1EA

Contact Details:
Tel: 01271 388870
Fax: 01271 388328
Email: licensing@northdevon.gov.uk
Web: www.northdevon.gov.uk/licensing

CERTIFICATE OF SEAWORTHINESS – LICENSING OF PLEASURE BOATS CARRYING UP TO TWELVE PASSENGERS

Form Ref: G/SW Cert

Data Protection

North Devon Council is the Data Controller.

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998. We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g. name and address, in other areas of service provision at North Devon Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

For further information regarding the National Fraud Initiative, please visit the Council's website – www.northdevon.gov.uk/fairprocessingnotice

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records

**CERTIFICATE OF SEAWORTHINESS – LICENSING OF PLEASURE
BOATS CARRYING UP TO TWELVE PASSENGERS**

This is to certify that: (Name of Surveyor)

Title: Mr Mrs Miss Ms Dr Other (*please specify*)

Surname:

Other name(s):

Address:

Postcode:

Telephone:

Did, at the request of:

Title: Mr Mrs Miss Ms Dr Other (*please specify*)

Surname:

Other name(s):

Address:

Postcode:

Telephone:

Examine the Boat:

Name of Boat:

Class of Vessel:

Date of Examination:

SOUTH WEST CATEGORY 1

delete as appropriate

SURVEYED AND CERTIFICATED to the effect that this boat is adequate respect of its Hull and Engine for the purpose for which it is Licensed and that in carrying out this examination of the vessel I have been guided by the relevant provisions of paragraphs 4-12 (inclusive) of the Maritime and Coastguard Agency Code of Practice on the Safety of Small Vessels in Commercial Use for Sport or Pleasure Operating From a Nominated Departure Point.

Part 5 – Signature

Signature:

Date:

SURVEYOR'S STAMP