

**APPLICATION FOR BERTHING  
LOWRIE YACHT HARBOR, INC.**

40 Pt. San Pedro Road, San Rafael, CA 94901  
Phone: 415-454-7595 Fax: 415-454-2561  
(NO LIVE ABOARDS)

**PLEASE PRINT**

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CELL: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_  
LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_ DRIVER LIC. #: \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ EMERGENCY NAME \_\_\_\_\_  
BUSINESS PHONE# \_\_\_\_\_  
LENGTH OF EMPLOYMENT \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

**TYPE OF VESSEL: \*PLEASE ATTACH A RECENT PHOTOGRAPH OF VESSEL.**

POWER  SAIL  COMMERCIAL  PLEASURE  GAS  DIESEL   
WOOD  FIBERGLSS  OTHER  HOLDING TANK  PORT-A-POTTY   
CONDITION OF VESSEL: FIRST CLASS  GOOD  AVERAGE  NEEDS WORK

**\*\*PLEASE PROVIDE A COPY OF THE OF VESSEL REGISTRATION OR COAST GUARD DOCUMENTATION.**

NAME ON VESSEL \_\_\_\_\_ DESIGNER/BUILDER \_\_\_\_\_  
\*\*VESSEL REGISTRATION (CF #) OR DOCUMENTATION NUMBER \_\_\_\_\_  
YEAR \_\_\_\_\_ TOTAL LENGTH OVERALL \_\_\_\_\_ BEAM WIDTH \_\_\_\_\_ DRAFT \_\_\_\_\_  
ENGINES MAKE: \_\_\_\_\_ RADIO CALL SIGN \_\_\_\_\_ HULL COLOR \_\_\_\_\_

LEGAL OWNER (S) NAME \_\_\_\_\_  
REGISTERED OWNER (S) NAME \_\_\_\_\_  
NAME OF MORTGAGE HOLDER \_\_\_\_\_  
PRESENTLY BERTHED AT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
HAVE YOU LEFT ANY MARINA WITHOUT PAYING? YES  NO

**\*\*\*PLEASE PROVIDE A COPY OF THE INSURANCE DECLARATION PAGE WITH  
LOWRIE YACHT HARBOR NAMED AS AN ADDITIONAL INSURED.**

\*\*\*INSURANCE COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
NAME OF AGENT/OR CONTACT PERSON AT INSURANCE CO. \_\_\_\_\_  
PHONE NUMBER OF INSURANCE CO. \_\_\_\_\_

**ALL VESSELS ENTERING HARBOR MUST COME IN UNDER THEIR OWN POWER; I.E., NO VESSEL MAY BE TOWED INTO THE HARBOR.**

**I ACKNOWLEDGE THAT LIVE ABOARDS ARE NOT PERMITTED AND I AGREE NOT TO LIVE ON MY BOAT.**

\_\_\_\_\_  
INITIAL

Applicant hereby authorizes release of information for verification of statements and authorizes Lowrie Yacht Harbor to request a credit report from EXPERIAN. Applicant represents that statements above are true and correct. This is an application only, and must be approved by Lowrie Yacht Harbor, Inc. prior to any use of Marina's property.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICATION TAKEN BY: \_\_\_\_\_