

'APPLICATION FOR CHARLES RIVER BASIN MOORING' 2016



DEPARTMENT OF CONSERVATION & RECREATION

***APPLICANT INFORMATION**

NAME (LAST, FIRST, INITIAL)	E-MAIL:
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ADDRESS	NO.	STREET	CITY/TOWN	STATE	ZIP
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HOME TELEPHONE	BUSINESS/CELL TELEPHONE	SOCIAL SECURITY NO.	DATE OF BIRTH
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*** BOAT INFORMATION**

BOAT TYPE	MAKE	BOAT NAME
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YEAR	REGISTRATION #	LENGTH	WEIGHT
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***EMERGENCY INFORMATION**

NAME	TELEPHONE #	RELATION
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***The DCR Park Ranger Marine Unit and local authorities are all active participants on the Massachusetts Waterfront Crime Watch Program. To assist us in the attempt to prevent waterfront crimes, please list all electronic devises and model numbers below.**

<u>Type of electronic devise</u>	<u>Make</u>	<u>Model / Serial #'s</u>

*PLEASE ATTACH A COPY OF YOUR CURRENT BOAT REGISTRATION

SIGNATURE: _____