



**TUGBOAT ESCORT CERTIFICATION FORM**

Tracking Number

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**A. THIS FORM IS BEING USED TO:**

1. Certify that a vessel used as a tugboat escort in an area of Special Interest meets the specifications defined in M.G.L. c. 21M, § 1 and 314 CMR 19.02 (Tugboat Escort)
2. Submit additional information on a previously submitted Certification, as requested by the Department.
- a. Date of Initial Certification: \_\_\_\_\_  
(mm/dd/yyyy)

**B. ENTITY SUBMITTING CERTIFICATION:**

1. Name of Tugboat Owner/Operator: \_\_\_\_\_
2. Contact First Name: \_\_\_\_\_ 3. Last Name: \_\_\_\_\_
4. Street \_\_\_\_\_
5. City/Town: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. ZIP Code: \_\_\_\_\_
8. Telephone: \_\_\_\_\_ 9. Ext: \_\_\_\_\_ 10. email: \_\_\_\_\_
11. Affiliation of Entity Submitting Certification:  a. Owner  b. Operator

**C. TUGBOAT INFORMATION:**

1. Tugboat Name: \_\_\_\_\_
2. IMD#: \_\_\_\_\_ 3. Year Built: \_\_\_\_\_ 4. Gross Tons: \_\_\_\_\_
5. Length overall: \_\_\_\_\_ ft 6. Molded Breadth: \_\_\_\_\_ ft 7. Molded Depth: \_\_\_\_\_ ft
8. Specify that the tugboat escort identified in Section C1 above meets the following design specifications and requirements in accordance with 314 CMR 19.02 (Tugboat Escort) and 19.03(2) (check all that apply):
- a. Type:  Tractor  Twin Screw
- b. Minimum bollard pull of 50 tons  c. Aggregate shaft horsepower of 4,000 horsepower or greater  d. Twin screws, each with separate power system or tractor tugboat
- e. Fire fighting equipment that meets American Bureau of Shipping (ABS) classifications, Fire Fighting Class 1, Maltese Cross A1



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**C. TUGBOAT INFORMATION (Continued):**

f. Power line handling equipment       g. VHF radios       h. Towing Winch

i. Sufficient braking force to stop a fully loaded tank vessel that is not self-propelled

Check here if additional information is provided in an attachment.

**D. ATTESTATION OF PERSON SUBMITTING TUGBOAT CERTIFICATION**

1. I, \_\_\_\_\_, attest under the penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I, the person or entity on whose behalf this submittal is made, am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: \_\_\_\_\_ 3. Title: \_\_\_\_\_

4. For: \_\_\_\_\_ 5. Date: \_\_\_\_\_  
(Name of person or entity recorded in Section B) (mm/dd/yyyy)