



Massachusetts Department of Conservation and Recreation



2020 Application for Charles River Basin Mooring

APPLICANT INFORMATION

NAME (LAST, FIRST, INITIAL:)	EMAIL
------------------------------	-------

ADDRESS	NO.	STREET	CITY/TOWN	STATE	ZIP
---------	-----	--------	-----------	-------	-----

HOME TELEPHONE	CELL/BUSINESS TELEPHONE	DATE OF BIRTH
----------------	-------------------------	---------------

BOAT INFORMATION

BOAT TYPE	MAKE	BOAT NAME	
YEAR	REGISTRATION #	LENGTH	WEIGHT

EMERGENCY CONTACT

NAME	TELEPHONE#	RELATIONSHIP
------	------------	--------------

The DCR Park Rangers 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 devices and model numbers below.

Type of Electronic Device	Make	Model/Serial #'s

Please attached a copy of your current boat registration .

Signature: _____