

AMS Job Ref. #

## SURVEY INFORMATION

### PART 1. CLIENT INFORMATION

Client Name: \*

Address:  Billing Details: \*

Contact No.: \*  Email: \*

Preferred Contact Method:

Type of Survey Required: \*

Vessel Intended Use:

Special Requirement: (if any)

### PART 2. VESSEL & OWNER'S INFORMATION

Vessel Name: \*  Type:  Power  Sail

Vessel Make: \*  L.O.A.: \*  m  Monohull  Multihull

Vessel Model: \*  Beam:  m Class:

H.I.N. #  Draft:  m

Year:  Gross Weight:  tons Registration No.:

Construction:  Port of Registry:

Vessel Owner's Name:

\* The vessel owner(s) has/have given approval for the survey/sea trial to be conducted:  YES  NO

Proposed Survey Location:

Proposed Survey Date:

Owner's representative for survey inspection (if applicable)

Name: \*

Contact No.: \*

Email: \*

Owner's representative relations to owner & client (if any)

Captain for sea trial (if sea trial is to be conducted):

Name: \*

\* Indicates required field

