



LIFERAFT SERVICING FORM

DATE: _____ RECEIVED BY: _____

NAME OF VESSEL: _____ OWNER/MASTER: _____

PERSON MAKING REPORT: _____ COMPANY NAME & CONTACT NUMBER: _____

TO WHOM SHALL THE BILL BE INVOICED? _____ IS OVERTIME APPROVED _____

FLAG STATE: _____ IMO NUMBER: _____ INTERNATIONAL CALL SIGN: _____ PORT OF CALL: _____

VESSEL'S AGENTS: _____ TEL.NO. & CONTACT PERSON: _____

ARRIVAL TIME & DATE: _____ DEPARTURE: TIME & DATE _____

LATEST TIME & DATE OF LIFERAFT RETURN: _____

CUSTOMS OVERTIME YES NO TRANSPORTATION YES NO CUSTOMS BOND REQ'D? YES NO

NUMBER OF LIFERAFTS TO BE SERVICED? _____ MAKE & SIZE OF RAFT (S): _____

WILL CUSTOMER BE WITNESSING SERVICE? YES NO

COMMENTS: _____

SIGNATURE ACCEPTING LIABILITY FOR PAYMENT:

COMPANY STAMP