



**COMMERCIAL OPERATOR
REGISTRATION/CONTACT FORM**


NAME OF OPERATING COMPANY	
NAME OF VESSEL	
FISHING REGISTRATION	
CALL SIGN	
HULL TYPE, COLOUR, LENGTH & BEAM	
NATURE OF OPERATION	
OWNER	
ADDRESS	
POST CODE	
TELEPHONE No.	
E-MAIL	
POINT OF CONTACT	(If different to owner)
ADDRESS	
POST CODE	
TELEPHONE No.	
E-MAIL	
EMERGENCY CONTACT No.	

This form should be submitted to Campbeltown Harbour Office annually as per A&BC terms and conditions of berthing. It is also the responsibility of the vessel owner to ensure adequate vessel insurance is in place under these conditions.

By submitting this form, the operator is confirming that the above vessel shall be maintained, equipped, manned and operated only for purposes which they are capable, in line with both local and national legislation and regulations, including industry best practise.

Campbeltown Harbour Master must be informed of any changes to the above details. Failure to do so may result in the incorrect persons being contacted in an emergency.

Picture of Vessel

A large, empty rectangular box with a black border, intended for a photograph of a vessel.

I hereby declare that to the best of my knowledge that all details here in are correct and true.

Owner: _____ Date _____.

Harbour Master: _____ Date _____.
(Or Deputy)

**On completion this form should be submitted to the
Campbeltown Harbour Office by e-mail or post.**