



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF COASTAL RESOURCES
 Port of Galilee
 301 GREAT ISLAND ROAD
 Narragansett, Rhode Island 02882

Berthing Application

Type of Berthing Requested (check one): Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Transient <input type="checkbox"/>		
Port Location: Galilee <input type="checkbox"/> Newport* <input type="checkbox"/>		
*Only Commercial Fishing Vessels are allowed to berth at Port of Newport		
Contact Information		
Name:		
Current address:		
City:	State:	ZIP Code:
Mailing address (if different than above):		
City:	State:	Zip Code:
Home Phone:	Business Phone:	Cell:
Email Address:		
Vessel Owner Information (if different than above)*		
*Provide information for all individuals/entities with an ownership interest in the Vessel		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell:	
Email Address:		
Is this a business entity: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what type: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/>		
State of Incorporation/Organization:		
Co-Owner (if applicable):		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell:	
Email Address:		
Is this a business entity: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/>		
State of Incorporation/Organization:		
Emergency Contact		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell:	
Relationship:		
Person Responsible for Vessel in case of Emergency when in port: (local contact)		
Phone:	Cell:	

Vessel Information			
Name of Vessel:			("Vessel")
RI Boat Registration No. (attach copy):		USCG Documentation No. (attach copy):	
Overall Length (including pulpit):	Beam:	Draft (unloaded):	Loaded:
Hull Type (check one): Wood: <input type="checkbox"/> Steel: <input type="checkbox"/> Fiberglass: <input type="checkbox"/>			
Is Vessel Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>		Insurance Co. Name:	
Type of Insurance (check all applicable): Hull <input type="checkbox"/> P&I <input type="checkbox"/> War: <input type="checkbox"/> Pollution: <input type="checkbox"/>			
Insurance Policy No.:			
Insurance Carrier Address:			
City:		State:	Zip Code:
Phone:			
License Information			
Federal Fishing Permit No.:			
RI Commercial Fishing/Landing License No.:			
Party/Charter Boat License No.:			
Vessel Classification			
Commercial Fishing <input type="checkbox"/> Charter <input type="checkbox"/> Party/Head boat <input type="checkbox"/> Sport Fishing <input type="checkbox"/>			
Certification by Owner/Authorized Agent			
I hereby certify that:			
<ol style="list-style-type: none"> 1. the above information is true and accurate to the best of my knowledge; 2. I have read and am familiar with the Port Operation Regulations and Berthing Management System (the "Berthing Regulations"); 3. I am able to and will comply with the Berthing Regulations, and all other applicable federal and state regulations; and 4. I am ready, willing, able, and authorized to enter into a contract for berthing of the Vessel should the Vessel be selected. 			
Signature:			Title/Position:
Print Name:			Date:

Subscribed and sworn to me before this _____ day of _____ 20_____

 Notary Public: _____
 My Commission expires: _____

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Document Checklist:	Berth Assignment _____
▪ RI Boat Registration <input type="checkbox"/>	Customer No. _____
▪ USCG Documentation <input type="checkbox"/>	
▪ Driver's License <input type="checkbox"/>	
▪ Cert. of Good Standing <input type="checkbox"/>	
(If applicable)	