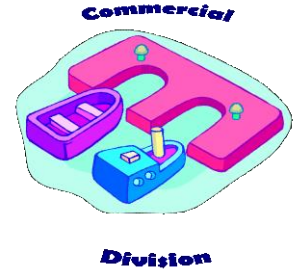


Port Authority of Guam



ATURIDAT I PUETAN GUAHAN
Jose D. Leon Guerrero Commercial Port
GOVERNMENT OF GUAM
 1026 Cabras Highway, Suite 201
 Piti, Guam 96925
 Tel# 477-5931~4 Fax# 477-2689/472-1054



SLIP/MOORING APPLICATION LEASE YEAR _____

New Applicant Renewal

1. Requestor/Company Name:				
2. Email Address:				
3. Postal Address:				
4. Physical Address:				
5. Contact Numbers:				
Primary#	Auxiliary#	Facsimile#		
6. Vessel Name	7. Registration Number	8. Length	Width	Draft
9. Location:		10. Usage:		
<input type="checkbox"/> Agat Marina <input type="checkbox"/> Agana Marina <input type="checkbox"/> Harbor of Refuge		<input type="checkbox"/> Commercial <input type="checkbox"/> Recreational <input type="checkbox"/> Live Aboard		
<p>11. The Port Authority of Guam (PAG) grants all Slip/Mooring Lease Agreements up to One (1) Year. Applications are required to demonstrate that vessel is safe and seaworthy and is capable of motoring to and from outer channel markers outside prospective Marina channel. The documents indicated below are required for submission with this application for review by PAG.</p>				
<input type="checkbox"/> Current Guam Business License <input type="checkbox"/> Current Guam Drivers License/Valid Identification <input type="checkbox"/> Copy of Boat Registration <input type="checkbox"/> Certified of Financial Responsibility (Proof of Insurance) <input type="checkbox"/> Other _____ <input type="checkbox"/> HOR - Registration Fee - \$100.00 per Vessel per YEAR(Refer to Marina Rules and Regulations)				
I, the undersigned, certify that the information provided is true and accurate to the best of my knowledge.				
_____		_____		
(Applicant Signature)		Date		
For Official PAG Use Only				
Motor mobility Demonstrated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Initial: _____		Condition of Vessel: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Certified for Slip/Mooring Availability: <input type="checkbox"/> Yes <input type="checkbox"/> No Slip Assignment: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
_____ Commercial Representative Date		_____ JOANNE M.S. BROWN Date General Manager		