



PORT OF GUAM
 ATURIDAT I PUETTON GUAHAN
Jose D. Leon Guerrero Commercial Port
 1026 Cabras Highway, Suite 201, Piti, Guam 96915
 Telephone: 671-477-5931/35 Facsimile: 671-477-2689/4445
 Website: www.portguam.com



Lourdes A. Leon Guerrero
 Governor of Guam
Joshua F. Tenorio
 Lieutenant Governor

SLIP/MOORING USE PERMIT APPLICATION

YR: _____

New Applicant Temporary Renewal **Account No:** _____

1. Requestor/Company Name (Last Name, First Name)				
2. Mailing Address				
3. Email 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 Use Permits up to One (1) Year. Applicants 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. All approved Applicants must execute a Use Permit Agreement with the PAG. The documents indicated below are required for submission with this application for review by PAG.</p> <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"/> Commercial (Ownership Documents, e.g.; Articles of Incorporation, etc.) <input type="checkbox"/> HOR - Registration Fee - \$100.00 per Vessel per YEAR (Refer to Marina Rules and Regulations) <input type="checkbox"/> Account current and in good standing </p>				
<p>I, the undersigned, certify that the information provided is true and accurate under penalty of perjury.</p>				
_____ 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: _____
Prepared/Reviewed By: _____ Commercial Representative (Print Name)		Concurred By: _____ Marina Manager		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ RORY J. RESPICIO General Manager
_____ Date		_____ Date		_____ Date