

ACAPT ACCREDITATION APPLICATION
Policies and Procedures for Accreditation

(Revised 2017)

1. ACAPT applicants are not required to be members of C-PORT.
2. Applicant must complete all information required on the application and return the forms and supporting documentation to C-PORT for consideration. C-PORT will review the application and notify applicant of approval or disapproval.
3. An Exemption from a requirement of ACAPT certification may be considered provided the request is made in writing prior to completion of the ACAPT checklist. The Chairman of C-PORT in collaboration with the C-PORT Standards and Education Committee will review the exemption request. The request for exemption must include a discussion of the item for which the exemption is requested, why that requirement cannot be met, what alternate equipment the applicant has that will meet the requirement, and justification for allowing the exemption. If the exemption is denied, an appeal may be made to the C-PORT Board of Directors. A majority vote of the directors on allowing or not allowing an exemption to the ACAPT requirements is final.
4. Applicant attests that all vessels are in compliance with minimum vessel standards set by USCG.
5. Applicant must submit proof of enrollment for all captains in a random drug-testing program approved by US Coast Guard.
6. Applicant must request that a Certificate of Insurance be sent directly to C-PORT.
7. Applicant will arrange for inspection of the vessel by an accredited marine surveyor of the applicant's choice. All costs are the responsibility of the applicant.
8. Surveyor will submit the ACAPT Accreditation Equipment Inspection Form(s) directly to C-PORT.

After completion of the application:

1. Check that all signature lines and initial lines are dated and signed.
2. Confirm all sections of the application have been properly completed.
3. Enclose any additional pages that may have been used.
4. Contact your insurance broker/agent to have a Certificate of Insurance with cancellation notification clause mailed directly to C-PORT or emailed to tcardone@cport.us.
5. Enclose a copy of certificate of enrollment of captains in a random drug testing program.
6. Return this entire application with a check for \$65 per vessel (member of C-PORT) or \$85 per vessel (non-C-PORT member) made out to **C-PORT** and mail the package (no faxes) to:

C-PORT
3640-B3 North Federal Highway #136
Lighthouse Point, FL 33064

Your application will not be reviewed until all paperwork is received, including the vessel equipment checklists to be mailed directly to C-PORT by the surveyor.

For the status of your application or questions on ACAPT equipment or standards requirements, call C-PORT at (954) 261-2012 or email tcardone@cport.us.

Visit our website at www.cport.us for additional information.

ACAPT ACCREDITATION COMPANY INFORMATION

(To be completed by Applicant)

Company Name _____ Year Firm Started: _____

Applicant Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Company Vessels:

Vessel Name _____ Make _____ Length _____ Eng Type _____ Eng HP _____ Fuel _____

Documentation or Registration Number, as appropriate: _____

Vessel Name _____ Make _____ Length _____ Eng Type _____ Eng HP _____ Fuel _____

Documentation or Registration Number, as appropriate: _____

Vessel Name _____ Make _____ Length _____ Eng Type _____ Eng HP _____ Fuel _____

Documentation or Registration Number, as appropriate: _____

(Please attach separate sheet for additional vessels.)

Company Credentialed Captains

Verification of all current captains licenses is required. If a paper license, the document number is found on the upper left corner. If the passport style credential, the document number is found on the inside front cover on the right side.

Captain Name: _____ Document Number _____ Exp Date _____

Captain Name: _____ Document Number _____ Exp Date _____

Captain Name: _____ Document Number _____ Exp Date _____

(Please attach separate sheet for additional captains.)

Company Towing and Salvors Liability Insurance Policy

Insurance/Broker Company Name _____

Towing, Collision, and Salvors Liability, and Jones Act Coverage amount at least \$1,000,000 P&I is required. If no Jones Act P&I included, explain:

Cancellation Notification Clause provided to C-PORT:

I certify that my insurance Broker was contacted and requested to mail a Certificate of Insurance with Cancellation Notification Clause directly to C-PORT. _____ *(Initial and Date)*

ACAPT ACCREDITATION COMPANY INFORMATION, continued

(To be completed by Applicant)

Random Drug Testing Program Administrator

Program must be US Coast Guard approved and found to be in compliance with 49 CFR 40 and 46 CFR 16. Applicant must submit a copy of registration with the drug testing program for all captains. A summary sheet from the Program Administrator is acceptable.

Program Administrator Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Applicant's Chosen Surveyor

Important: Instruct the surveyor to mail the inspection checklists directly to C-PORT.

Name and Company: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

I hereby certify the information in this application to be true. I confirm these vessels meet the minimum vessel standards set by US Coast Guard regulation; applicant complies with all applicable federal, state and local laws and regulations and adheres to the operational standards set forth herein:

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____

Applicant Title: _____

ACAPT PROFESSIONAL OPERATIONAL STANDARDS

(Signature of Applicant Required)

Applicant adheres to the following professional standards:

1. Company and company representatives will conduct business practices in full compliance with all applicable federal and state laws and regulations.
2. Company maintains 24-hour response availability during local boating season.
3. Company maintains a backup vessel arrangement if the company operates with only one vessel.
4. Company and company representatives will not use deceptive or misleading statements relating to estimated time of arrival on scene.
5. Company and company representatives will not unlawfully transmit by radiotelephone for the purpose of disrupting or interfering with the radiotelephone communications of others. Towing/salvage provider will not “key the mike” or “step” on transmissions of boaters or other providers. Towing/salvage provider will not intervene in communication between boaters and another towing company specifically contacted by the boater.
6. Company and company representatives will endeavor to communicate rates and any grounding surcharges prior to commencing work, and obtain customer’s signature on final invoice.
7. Company and company representatives shall not post-date invoices for towing or salvage services.
8. Company and company representatives shall not use deceptive or misleading advertising language and methods.
9. Company and company representatives shall conduct all business dealings with members of the public in a fair, consistent, professional, and ethical manner.
10. Company and company representatives will apply all standards and business practices without regard to a customer’s insurance coverage.
11. Company and company representatives shall use his or her best efforts to cooperate with all available resources to prevent damage or loss to life or property.

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____

**ACAPT ACCREDITATION INITIAL INSPECTION
REQUIREMENTS FOR INLAND VESSELS – (To be completed by Surveyor)**

Company Name: _____ Vessel Name: _____ Size: _____

U.S. COAST GUARD SAFETY EQUIPMENT REQUIRED OF ALL VESSELS BY REGULATION:

Fuel tank installation with appropriate vent/screen/filter	<input type="checkbox"/>
Backfire flame arrester (gasoline inboard engines only)	<input type="checkbox"/>
Engine compartment ventilation appropriate for engine type	<input type="checkbox"/>
Navigation lights	<input type="checkbox"/>
Sound producing device and/or bell	<input type="checkbox"/>
Fire extinguishers as required by regulations plus one 5# additional	<input type="checkbox"/>
Distress signals (3 day/night flares minimum within expiration date)	<input type="checkbox"/>
Garbage disposal and Oil pollution placards (<i>vessels 26' or more in length</i>)	<input type="checkbox"/>
USCG approved throwable floatation device	<input type="checkbox"/>
AIS (Automatic Identification System) Class A (<i>vessels more than 26' and over 600 HP</i>)	<input type="checkbox"/>

EQUIPMENT REQUIRED FOR ACCREDITATION:

PFDs – One crew Type 3 or better. Four adult and 2 children Type 2 or better	<input type="checkbox"/>
Communications – One VHF Radio and alternate such as cell phone, handheld VHF, company radio, etc.	<input type="checkbox"/>
Tow Line - Minimum 150-feet of floating, 7,500lb breaking strength or better (300-feet recommended)	<input type="checkbox"/>
Tow Post – Installed and construction and condition appear adequate for the vessel considering propulsion, size of vessel, and intended use. Inspection of welds, fasteners, backing plates show no signs of failure.	<input type="checkbox"/>
Dewatering Capacity – Minimum 1500gph from any power source (3,000gph recommended)	<input type="checkbox"/>
Lighting – Appropriate COLREGS lights	<input type="checkbox"/>
Spotlight – Minimum 50,000 candle power	<input type="checkbox"/>
Tools – Knife to cut towline - Tools to change own plugs, belts, filters - Boat Hook - Jump start system - Compass - Binoculars - Fenders or equivalent - Flashlight - First Aid kit for five persons	<input type="checkbox"/>
Ground Tackle – Anchor, chain, and rode sized appropriately for the vessel and area of operations	<input type="checkbox"/>
GPS – Marine type, Installed or portable	<input type="checkbox"/>
Charts – Paper or electronic (If applicable)	<input type="checkbox"/>
Damage Control – Material for stemming and stopping leaks and flooding	<input type="checkbox"/>
Spare Equipment – Belts, filters, and plugs appropriate for the vessel	<input type="checkbox"/>
Red/Yellow Safety Lights – (Authorized to meet USCG requirements)	<input type="checkbox"/>
Recommended Equipment:	
VHF Radio – One backup or portable VHF Radio	<input type="checkbox"/>
Spare Line – 50 total feet	<input type="checkbox"/>

*I certify that this vessel meets the requirements for accreditation as an **Inland Vessel**.*

Marine Surveyor Signature: _____ Date: _____

Marine Surveyor Printed Name: _____