



## ACAPT APPLICATION

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### Rules and Procedures for ACAPT Status

1. ACAPT applications are accepted from both members and non-members of C-PORT.
2. Minimum of one year of marine assistance towing and salvage experience is required.
3. Applicant must complete the application and return the forms and supporting documentation to C-PORT for consideration. C-PORT will review the application for completeness and notify applicant of status.
4. Applicant attests that all vessels are in compliance with minimum vessel standards set by USCG.
5. All vessels must be operated under the authority of U.S. Coast Guard credentialed mariners who are properly licensed to operate assistance towing vessels.
6. Applicant must submit proof of enrollment for all captains in a random drug-testing program approved by US Coast Guard.
7. Applicant must request that a Certificate of Insurance be sent directly to C-PORT.
8. 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.
  - a. Surveyor will submit the ACAPT Equipment Inspection Form(s) directly to C-PORT.
  - b. An Exemption from a requirement of ACAPT may be considered provided the request is made in writing. 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. An accredited marine surveyor must attest that the exemption requested equally meets the intent of the equipment listed.
  - c. The Chairman of C-PORT in collaboration with the C-PORT Programs and Education Committee will review the exemption request. 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.

#### 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](mailto: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 \$95 per vessel (non-C-PORT member) made out to **C-PORT** and email or mail the package (no faxes) to:

**C-PORT**  
**4251 NE 27<sup>th</sup> Avenue**  
**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 any other questions, call C-PORT at (954) 261-2012 or email [tcardone@cport.us](mailto:tcardone@cport.us).

*Visit our website at <https://cport.us> for additional information.*

**ACAPT 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**

Captain Name: \_\_\_\_\_ Reference Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Captain Name: \_\_\_\_\_ Reference Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Captain Name: \_\_\_\_\_ Reference 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 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 and applicant complies with all applicable federal, state and local laws and regulations:***

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Title:** \_\_\_\_\_





**ACAPT INITIAL INSPECTION**  
**REQUIREMENTS FOR UTILITY/RELIEF 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. Two adult Type 2 or better.	<input type="checkbox"/>
Communications – One VHF Radio or alternate such as cell phone, handheld VHF, company radio, etc.	<input type="checkbox"/>
Dewatering Capacity – Any	<input type="checkbox"/>
Lighting – Appropriate COLREGS lights	<input type="checkbox"/>
Tools – Knife; compass; fenders or equivalent	<input type="checkbox"/>
Ground Tackle – Anchor, chain, and rode sized appropriately for the vessel and area of operations	<input type="checkbox"/>
<b>If used for towing at any time:</b>	
Tow Line - Minimum 150-feet of floating, 7,500lb breaking strength or better (300-feet recommended) equipped to tow.	<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. Reinforced cleats if certified as acceptable for intended use by surveyor.	<input type="checkbox"/>
GPS – Marine type, Installed or portable	<input type="checkbox"/>
Charts – Paper or electronic (If applicable)	<input type="checkbox"/>
Red/Yellow Safety Lights – (Authorized to meet USCG requirements) Move to towing section	<input type="checkbox"/>
<b>Recommended Equipment:</b>	
Communications – One backup or portable VHF Radio	<input type="checkbox"/>
Spare Line – 50 total feet	<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"/>

\*A Utility/Relief Vessel is for small vessels traveling short distances in protected waters carrying minimum equipment, but above Coast Guard regulations. They may not be primary towing vessels, and if equipped to tow, must meet minimum towing standards as certified by the surveyor.

*I certify that this vessel meets the requirements for ACAPT as a Utility/Relief Vessel.*

Marine Surveyor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Marine Surveyor Printed Name: \_\_\_\_\_