



ACAPT APPLICATION

1. Minimum of one year of marine assistance towing and salvage experience is required.
2. Applicant must submit 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.
3. Applicant attests that all vessels are in compliance with minimum vessel standards set by USCG.
4. Applicant must submit proof of enrollment for all captains in a random drug-testing program approved by US Coast Guard.
5. Applicant must request that a Certificate of Insurance be sent directly to C-PORT.
6. 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.
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 27th 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.

Visit our website at www.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 COASTAL, BAYS, AND SOUNDS 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 ACAPT:

PFDs – One crew Type 3 or better. Four adult and 2 children Type 2 or better	<input type="checkbox"/>
Communications – Two VHF Radios and alternate such as cell phone, handheld VHF, company radio, etc.	<input type="checkbox"/>
Tow Line - Minimum 300-feet of floating, 10,000lb breaking strength (600-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 3000gph from any power source (6,000gph 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	<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"/>
<i>Recommended Equipment:</i>	
RADAR	<input type="checkbox"/>
RADAR Reflector	<input type="checkbox"/>
Exposure Suit – Appropriate for number of crew	<input type="checkbox"/>
EPIRB and/or PLB	<input type="checkbox"/>
Loud Hailer	<input type="checkbox"/>
Radio Direction Finder	<input type="checkbox"/>
SSB – If normally operating outside VHF range	<input type="checkbox"/>
Drogue	<input type="checkbox"/>
Spare Line – 100 total feet	<input type="checkbox"/>

I certify that this vessel meets the requirements for ACAPT as a Coastal, Bays, and Sounds Vessel.

Marine Surveyor Signature: _____ Date: _____

Marine Surveyor Printed Name: _____

ACAPT INITIAL INSPECTION REQUIREMENTS FOR INLAND LAKES AND RIVERS VESSELS – (To be completed by Surveyor)
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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 | <input type="checkbox"/> |
| - Boat Hook | <input type="checkbox"/> |
| - Compass | <input type="checkbox"/> |
| - Fenders or equivalent | <input type="checkbox"/> |
| - Tools to change own plugs, belts, filters | <input type="checkbox"/> |
| - Jump start system | <input type="checkbox"/> |
| - Binoculars | <input type="checkbox"/> |
| - Flashlight | <input type="checkbox"/> |
| - 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"/> |
| <i>Recommended Equipment:</i> | |
| 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 ACAPT as an Inland Lakes and Rivers Vessel.

Marine Surveyor Signature: _____ Date: _____

Marine Surveyor Printed Name: _____

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 (vessels 26' or more in length)	<input type="checkbox"/>
USCG approved throwable floatation device	<input type="checkbox"/>
AIS (Automatic Identification System) Class A (vessels more than 26' and over 600 HP)	<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"/>
If used for towing at any time:	
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"/>
Recommended Equipment:	
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: _____