

## Small Commercial Vessel Association - Ontario Region 2014 REGISTRATION FORM

|                            |  |
|----------------------------|--|
| MEMBER NAME:               |  |
| BUSINESS NAME:             |  |
| POSTAL ADDRESS:            |  |
| CITY / POSTAL CODE         |  |
| PHONE NUMBER WORK / CELL # |  |
| EMAIL:                     |  |
| WEB SITE:                  |  |
| AREA OF OPERATION:         |  |

| VESSEL DESCRIPTION:   | MAKE | # PASSENGERS | LENGTH (Meters) | YEAR | TONNAGE* | commercially registered? |
|---|------|--------------|-----------------|------|----------|--------------------------|
| <input type="checkbox"/> workboat <input type="checkbox"/> barge <input type="checkbox"/> passenger |      |              |                 |      |          | YES / NO                 |
| <input type="checkbox"/> workboat <input type="checkbox"/> barge <input type="checkbox"/> passenger |      |              |                 |      |          | YES / NO                 |
| <input type="checkbox"/> workboat <input type="checkbox"/> barge <input type="checkbox"/> passenger |      |              |                 |      |          | YES / NO                 |
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|  |                                       |                                    |                               |                               |  |
|--|---------------------------------------|------------------------------------|-------------------------------|-------------------------------|--|
| OPERATOR COMPETENCY CERTIFICATES FOR SMALL COMMERCIAL VESSELS: PLEASE CHECK IF YOU ARE INTERESTED IN SPECIFIC TRAINING | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> MED A-1-3 | <input type="checkbox"/> PCOC | <input type="checkbox"/> SVOP | <input type="checkbox"/> LIMITED MASTER <60 GT |
|--|---------------------------------------|------------------------------------|-------------------------------|-------------------------------|--|

PLEASE STATE OTHER ITEMS THAT YOU WOULD LIKE INFORMATION/SUPPORT FROM THE ASSOCIATION

I, (print name) \_\_\_\_\_ operating as (company name) \_\_\_\_\_  
 hereby certify that the above information is true and correct.

It is the mandate of the SCVA-OR to provide information, promote membership and foster communication. While this association will strive to communicate timely and accurate information, the SCVA-OR or members of the SCVA-OR cannot be held personally responsible for any information or actions used by the members of the SCVA-OR.

|  |  |                     |  |                                     |  |                           |  |                                     |  |
|--|--|---------------------|--|-------------------------------------|--|---------------------------|--|-------------------------------------|--|
| _____<br><b>Signature of Applicant</b> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>New Members:</b></td> <td style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Cheque enclosed for <b>\$250.00</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Returning Members:</b></td> <td style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Cheque enclosed for <b>\$200.00</b></td> <td></td> </tr> </table> | <b>New Members:</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> | Cheque enclosed for <b>\$250.00</b> |  | <b>Returning Members:</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> | Cheque enclosed for <b>\$200.00</b> |  |
| <b>New Members:</b>                    | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                     |  |                                     |  |                           |  |                                     |  |
| Cheque enclosed for <b>\$250.00</b>    |  |                     |  |                                     |  |                           |  |                                     |  |
| <b>Returning Members:</b>              | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                     |  |                                     |  |                           |  |                                     |  |
| Cheque enclosed for <b>\$200.00</b>    |  |                     |  |                                     |  |                           |  |                                     |  |
| _____<br><b>Date</b>                   |  |                     |  |                                     |  |                           |  |                                     |  |

\*see the Transport Canada or your vessel registration documents to confirm vessel tonnage

**MAIL YOUR CHEQUE AND COMPLETED REGISTRATION FORM TO:  
 SMALL COMMERCIAL VESSEL ASSOCIATION C/O A & A SERVICES AND MARINE CONTRACTING LTD.  
 PO BOX 128, HONEY HARBOUR, ONT POE 1E0**