



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Marine Inspection Report For “NOT MORE THAN SIX PASSENGERS FOR HIRE” or ANNUAL DOCKSIDE INSPECTION

- * This report must accompany an application for a “Passengers for Hire” watercraft application.
- * Retain a copy for your records and return this **form**, along with the **Passenger Boat License Application** and **a copy of a valid USCG Operator’s License for each operator** to:

Illinois Department of Natural Resources
Passenger Boat License
One Natural Resources Way
Springfield, IL 62702-1271

VESSEL INFORMATION:

MAKE: _____ MODEL: _____

REG #: _____ HULL ID #: _____

U.S.C.G. DOCUMENTATION # (IF APPLICABLE): _____

LENGTH (FEET ONLY): _____ BEAM: _____ CAPACITY (PERSONS): _____

I CERTIFY that I have inspected the above-named vessel according to the requirements of the Illinois Department of Natural Resources (Ill. Admin. Code, Title 17, Part 2080, adopted 20 Ill. Reg. 15697, effective December 2, 1996, as amended), as outlined below:

_____ USCG Approved P.F.D.s:

Total # Wearable Type I, II, III, V _____

Total # Throwable Type IV _____

- A. Each with 31.5 square inches of reflective material on the front and 31.5 square inches of reflective material on the back.
- B. Each readily accessible, and allowed to float free when practical.
- C. If not readily visible, container marked “LIFE PRESERVERS” and number of devices listed. Label at least 1" letters of contrasting color. Differing sizes stored separately.
- D. Documented Watercraft: Each PFD marked with vessel name in 1" letters in contrasting color.
Undocumented Watercraft: Each PFD marked with Registration Number in 1" letters in contrasting color.
- E. Type IV PFD readily accessible, with 50' of line attached, and marked in accordance with D, above.

_____ Fire Extinguisher(s)

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- A. Portable USCG approved extinguisher located accessible to the helm.
- B. Examined monthly.
- C. Foam extinguishers discharged, cleaned, and inspected annually by qualified fire fighting equipment repair service.
- D. Dry chemical and carbon dioxide extinguishers re-weighed annually by qualified fire fighting equipment repair service.

_____ First Aid Kit: A minimum of one (1) first aid kit containing at least 16 units on board watercraft.

_____ Emergency Procedures Lists:

- A. Radio Procedures
- B. Leaks and Damage Control
- C. Fire or Explosion
- D. Man Overboard

Visual Distress Signals (**Only on Navigable Waters, Carlyle Lake, Lake Shelbyville, and Rend Lake**).

- A. Appropriate Number and Type
- B. USCG approved, and not past the expiration date.

_____ Light: At least one (1) battery-operated light, D-cells or larger, accessible and in serviceable condition.

_____ Cooking and Heating Appliances (when present)

- A. Of a type commonly manufactured for use aboard watercraft
- B. Installed in adequately ventilated area and secured to the vessel.

_____ Marine Radio: In good working condition (**Only on Navigable Waters**).

_____ Compass: A good and serviceable compass (**Only on Navigable Waters**).

_____ Toilet and Sanitary Facilities (except open boats and watercraft where suitable privacy enclosures are not practical).

- A. Equipped with at least one (1) marine toilet.
- B. Toilet connected to permanently installed holding tank, which allows for dockside pump out.
- C. The use of Y valves or other means which would allow for overboard discharge directly or indirectly in the water is prohibited.
- D. Maintained in a serviceable and sanitary condition.

_____ Anchor and Line.

A. One (1) anchor of a suitable size and type, and an appropriate length of suitable anchor line is readily available on board (a minimum of 150' of such line is required on Lake Michigan).

B. Line attached to anchor by eye splice, thimble, and shackle.

_____ Proof of compliance with U.S. Coast Guard and D.O.T. drug testing regulations (**Only on Navigable Waters**).

I FURTHER CERTIFY that the above-named vessel met all of the requirements of the Illinois Department of Natural Resources as set forth therein.

DATE OF INSPECTION: _____

I FURTHER CERTIFY that I meet the requirements of the Illinois Department of Natural Resources to be designated (check one):

_____ MARINE INSPECTOR (FOR MORE THAN SIX PASSENGERS)

_____ INDEPENDENT CERTIFIER (NOT MORE THAN SIX PASSENGERS)

NAME: _____

ADDRESS: _____

TELEPHONE # (_____) _____

under the following qualifications: _____

SIGNATURE: _____ DATE: _____