TECHNICAL SERVICES

BOAT REPAIRS ESTIMATE REQUEST

VESSEL NAME :		LOCATION :	

A. OWNER DETAILS	NAME :
	ADDRESS :
	TEL / FAX NO :
	E-MAIL :

B. ENGINE	C. HULL
ENGINE TYPE + MODEL :	BOAT TYPE + MODEL :
NUMBER OF CYLINDERS :	TONNAGE :
STB. ENGINE WORKING HRS :	MAKE :
PORT ENGINE WORKING HRS :	FLAG + PORT OF REG. :
STB. ENGINE SERIAL NO :	LOA :
PORT ENGINE SERIAL NO :	LWL :
NO. OF OIL FILTERS + NO :	BEAM :
NO. OF FUEL FILTERS + NO :	DRAFT :
NO. OF FUEL STRAINER FILTER + NO :	AV. FREEBOARD :
SHAFT DIAMETER :	BRAND OF LAST A/F PAINT APPLIED :
GENERATOR TYPE + MODEL :	ANTI-FOULING PAINT COLOR :

D. DESCRIPTION OF THE WORK REQUESTED :

PREFERRED START DATE :	PREFERRED COMPLETION DATE :

As Owner/Agent/Represantative for the above named vessel, I hereby request an estimate for carrying out the works as detailed above.

Name : **Signature :** **Date :**

For Office Use Only :		
Date Received :	**By Whom :**	**Job No.**