

South Beach Harbor - Pier 40A

Phone (415) 495-4911 & Fax (415) 512-1351



Berth or Boat Change

Lice	ense Amendment Year: _		-
Berth Holder Name: Check all that apply:		_ Account #:	Date:
Boat Change: \Box	New Berth Holder	: 🗌 Internal	Move Berth: \square
Vessel Name:	Move [Date:	AM 🗌 / PM 🔲
CF # or USCG #:	Expires:	_ Vessel Year / Make	:
Vessel Colors: Vessel	Insurance Policy #:		Expires:
I accept the move from berth _	to	with the ad	ljusted Security Deposit.
Berth Holder Name and % of Ownership:			
Berth Holder Signature:			Date:
Name of Partner(s) with % of O	wnership:		
2	%	3	<u></u> %
4	%	_5	%
There should be 4 feet of space between both vessels for an appropriate fit.			
-			t.
-	· ONLY I/or representative will r		
For the Assistant Harbormaster The Assistant Harbormaster and	r ONLY d/or representative will rernal move berth.	measure the vessel a	nd confirm that it will fit in
For the Assistant Harbormaster The Assistant Harbormaster and the new berth holder slip or into	ONLY I/or representative will rernal move berth. I/measured by: Name: _	measure the vessel a	nd confirm that it will fit in Date:
For the Assistant Harbormaster The Assistant Harbormaster and the new berth holder slip or into	r ONLY I/or representative will rernal move berth. I/measured by: Name: _	measure the vessel a	nd confirm that it will fit in Date:
For the Assistant Harbormaster The Assistant Harbormaster and the new berth holder slip or into LOA and Beam/Width recorded LOA: The vessel was approved as a	r ONLY I/or representative will rernal move berth. I/measured by: Name: _	measure the vessel a	nd confirm that it will fit in Date:
For the Assistant Harbormaster The Assistant Harbormaster and the new berth holder slip or into LOA and Beam/Width recorded LOA: The vessel was approved as a	r ONLY If or representative will rernal move berth. If measured by: Name: _ If good fit with the neig	measure the vessel a	nd confirm that it will fit in Date:
For the Assistant Harbormaster The Assistant Harbormaster and the new berth holder slip or inte LOA and Beam/Width recorded LOA: The vessel was approved as a comments:	r ONLY If or representative will rernal move berth. If measured by: Name: If good fit with the neigonormaster:	measure the vessel a	nd confirm that it will fit in Date: th. Yes or No
For the Assistant Harbormaster The Assistant Harbormaster and the new berth holder slip or into LOA and Beam/Width recorded LOA: The vessel was approved as a Comments: Approval Signature Assistant Harbormaster and For the Office Manager ONLY REPORTED TO TAX ASSESSORS:	r ONLY If or representative will rernal move berth. If measured by: Name: If good fit with the neigonormaster:	measure the vessel a	nd confirm that it will fit in Date: th. Yes or No