



**South Beach Harbor
Port of San Francisco
STATEMENT OF OWNERSHIP**

PLEASE PRINT

Owner/Licensee	Boat Name	Account No. (if applicable)
Residence Address	Color: Hull	Berth assignment (if applicable)
Home Phone		
Email address	Spouse or Registered Domestic Partner (if any)	No. CF/USCG Documentation <u>and Attach</u> <u>Documentation</u>
Business Address Business Phone		
Insurance Carrier	Contact Info for Spouse or Registered Domestic Partner	Auto License No.
Insurance Agent Name, Address and Phone		
Emergency Contact Name, Address and Phone	Partnership Name (if any)	Initial Seniority Date (if applicable)

Date Filed: _____

- 1. ANNUAL FILING.** This form must be filed annually with the Harbormaster.
- 2. CHANGES.** Owner is responsible for notifying the Harbormaster in writing immediately of any changes to the information in this form. The Port is not responsible for lost or misdirected mail due to incorrect information.

This form and changes to this form are subject to the Harbor Rules and Regulations. Changes to this form may be subject to a Transfer Fee which shall be paid at the time the updated form is submitted.

- 3. PARTNERSHIPS.** Partnerships must complete the section on the back of this form and **attach** the current partnership agreement to this form. The individual named above shall be designated as the Licensee on the License. All other partners (maximum of two (2) unless otherwise provided by Section xx of the Rules and Regulations) must be listed below. All partners agree that the designated individual is the agent of the Partnership and has the authority to bind the Partnership with respect to a license to berth at and use the facilities of the Harbor.

Each partner agrees that it shall be jointly and severally liable to Port for all obligations and liabilities under a license.

Partner	Partner	Partner
Residence Address:	Residence Address:	Residence Address:
Home Phone:	Home Phone:	Home Phone:
Business Address: Phone:	Business Address: Phone:	Business Address: Phone:
Email Address:	Email Address:	Email Address:
Emergency Contact Information:	Emergency Contact Information:	Emergency Contact Information:
Auto License No:	Auto License No:	Auto License No:
Signature of Partner	Signature of Partner	Signature of Partner

4. **CERTIFICATION OF COMPLIANCE.** Owner has reviewed, and by its signature below, certifies its compliance with all requirements of any applicable license and the Harbor Rules and Regulations.

5. **PUBLIC RECORD.** This form is a public record subject to disclosure under the California Public Records Act. Please initial below if you waive privacy rights to all of the personal information contained in this Form.

Yes, I authorize the Port to disclose the personal residence address, phone, and e-mail information listed in this form to any member of the public upon request. Initials: _____

Submitted by: _____
Signature

Print