



DECLARATION OF VESSELS USED (FOR-HIRE OPERATION)

COMPANY NAME

NEW DECLARATION

RENEWAL / UPDATE DECLARATION

NAME OF INDIVIDUAL AUTHORIZED TO SIGN

TITLE

PHONE NUMBER (w/Area Code)

I certify that I am either (1) an executive officer, managing member or partner of a corporation and/or a Limited Liability Company or Limited Partnership who is in good standing with the Secretary of State and I am authorized to act on its behalf, or (2) a partner of a general partnership authorized to act on its behalf, or (3) the owner, if an individual.

I further certify that the following information sets forth the passenger seating capacity of each type of vessel in for-hire vessel operation by this corporation, Limited Liability Company, Limited Partnership, general partnership, or by me if an individual.

I am attaching evidence of sufficient insurance coverage for the passenger capacities and vessels which will be used in this for-hire vessel operation in accordance with the table listed in the Public Utilities Commission (PUC) General Order 121-A.

I understand that at any time the passenger seating capacity of any such vessel is increased to a point where the insurance protection required by PUC General Order 121-A series is inadequate, and/or if a new vessel is acquired for for-hire operation, a new DPR 857B (this form) along with evidence of additional coverage shall be filed with the Department of Parks and Recreation.

COMMERCIAL FOR-HIRE VESSEL INFORMATION

MARINA NAME(S)

CITY WHERE BERTHED

VESSEL NAME	TYPE OF VESSEL	VESSEL IDENTIFICATION NUMBER	PASSENGER SEATING CAPACITY

CERTIFICATION

I certify under penalty of perjury to the certification statements above, and that I have read, understand and agree to the contents of this declaration and that the information I have provided on the form is true and correct to the best of my knowledge and belief.

SIGNATURE

PRINTED NAME

DATE

Return completed forms and attachments to:

Department of Parks and Recreation
Boating Safety Unit
Attn: For-Hire Insurance Verification Certificate Program
P.O. Box 942896
Sacramento, CA 94296-0001