OMB Control Number 1625-0069
Expiration date: 30-Sept-2006

BALLAST WATER REPORTING FORM

IS THIS AN AMENDED BALLAST REPORTING FORM? YES ☐ NO ☐

1. VESSEL INFORMATION	2. VOYAGE INFORMATION	3. BALLAST WATER USAGE AND CAPACITY
Vessel Name:	Arrival Port:	***Specify Units Below (m³, MT, LT, ST, gal)***
IMO Number:	Arrival Date (DD/MM/YYYY):	Total Ballast Water on Board:
Owner:	Agent:	Volume / Units / No. of Tanks in Ballast
Type:	Last Port:	m3
GT:	Country of Last Port:	Total Ballast Water Capacity:
Call Sign:	Next Port:	Volume / Units / Total No. of Tanks on Ship
Flag:	Country of Next Port:	m3

4. BALLAST WATER MANAGEMENT Total No. Ballast Water Tanks to be discharged: ☐

Of tanks to be discharged, how many: Underwent Exchange: ☐ Underwent Alternative Management: ☐

Please specify alternative method(s) used, if any: _____

If no ballast treatment conducted, state reason why not: _____

Ballast management plan on board? YES ☐ NO ☐ Management plan implemented? YES ☐ NO ☐

IMO ballast water guidelines on board [res. A.868(20)]? YES ☐ NO ☐

5. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival *(enter additional tanks on page 2)*. IF NONE, GO TO #6

Tanks/ Holds List multiple sources/tanks separately	BW SOURCE				BW MANAGEMENT PRACTICES						BW DISCHARGE			
	DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YYYY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

6. RESPONSIBLE OFFICER'S NAME AND TITLE: _____

Vessel Name: IMO Number: Arrival Date:

Tanks/ Holds List multiple sources/tanks separately	BW SOURCE				BW MANAGEMENT PRACTICES						BW DISCHARGE			
	DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YYYY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Technology Annual Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010

Vessel Name:
Official / IMO Number:
Responsible Person's Name and Title:
Date Submitted (DD/MM/YYYY):

Treatment System Information

1. List the treatment system installed on board the vessel:

   Manufacturer/Company: _____

   Product Name: _____

   Model Number: _____

1a. Mode(s) of Action (check all that apply):

Filtration ☐	Cavitation ☐	Hydrocyclone ☐	Deoxygenation ☐
Active Substance/Biocide ☐	Ultra Violet Irradiation ☐	Heat ☐	
Other ☐, please describe:			

1b. List all substances (i.e. chemicals, biocides, flocculants, neutralization agents) created or used by the treatment system (if any), and indicate whether or not the Material Safety Data Sheet is kept on board for each substance.

Substance	MSDS on Board?
	Yes ☐ No ☐ N/A ☐
	Yes ☐ No ☐ N/A ☐
	Yes ☐ No ☐ N/A ☐
	Yes ☐ No ☐ N/A ☐
	Yes ☐ No ☐ N/A ☐
	Yes ☐ No ☐ N/A ☐
N/A ☐, No substances used by system.	

1c. Are manufacturer's technical guides, publications and/or manuals for the treatment system kept on board? Yes ☐ No ☐

2. When did the system installation receive classification society approval?

   Date (DD/MM/YYYY): _____

3. Did the system installation occur (check all that apply):

   As part of a scheduled out of water dry docking? Yes ☐ No ☐

   During a special/non-routine out of water dry docking? Yes ☐ No ☐

   Without the need for out of water dry docking? Yes ☐ No ☐

4. Has there been any significant upgrade/modification to the system since classification society approval? (Do not include repairs. See instructions for more information and definition of significant.)

Yes ☐	Date of Upgrade (DD/MM/YYYY):
Describe upgrade:	
No ☐	

5. Has any unscheduled or emergency maintenance been performed on the system since classification society approval (or since the previously submitted Ballast Water Treatment Technology Annual Reporting Form)?

Yes ☐	Date of Most Recent Event (DD/MM/YYYY):
Describe most recent maintenance event:	
No ☐	

6. Is the vessel in compliance with the requirement to maintain a ballast water treatment performance log on board? (This log may be incorporated into the existing ballast water management log. See form instructions for minimum requirements). Yes ☐ No ☐

7. Is system performance (i.e. biological efficacy) verified on a regular basis? Verification is not a requirement by the State of California, however, regular performance testing will allow the vessel to ensure the system is working properly.

Yes ☐				
How often:	Weekly ☐	Monthly ☐	Yearly ☐	Every 2 years ☐
	Other ☐, describe:			
No ☐				

California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Technology Annual Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010
Instructions for Completing Annual Reporting Form

BALLAST WATER TREATMENT TECHNOLOGY ANNUAL REPORTING FORM TO BE SUBMITTED ANNUALLY BY VESSELS THAT HAVE A BALLAST WATER TREATMENT SYSTEM INSTALLED ON BOARD, AND HAVE OR WILL BE DISCHARGING TREATED BALLAST IN WATERS OF THE STATE

FORM MUST BE SUBMITTED within 60 days of receiving a written or electronic request from the Commission

SUBMIT THE COMPLETED FORM TO:

California State Lands Commission
Marine Facilities Division
200 Oceangate, Suite 900
Long Beach, CA 90802
FAX: 562-499-6444
Email: bwform@slc.ca.gov

Treatment System Information

Question 1: Provide the requested information for each ballast water treatment installed on the vessel. **NOTE**: If more than one treatment system is installed on board the vessel, the form must be filled out separately for each system.

- List the system manufacturer or company (For example - Acme Incorporated).
- List the product name, if applicable (For example - Acme Ballast Water Treatment System).
- List the model number, if applicable (For example - Acme Model # 5454). Do not provide the serial number.

- **Question 1a.** Check ALL appropriate boxes that describe the mode(s) of action that the system uses to treat ballast water. For example, if the system first filters the water and then uses ultraviolet radiation, check both "filtration" and "ultraviolet irradiation." If the system uses a mode of action not described, check "Other" and then describe the mode of action.

- **Question 1b.** If applicable, please provide the name(s) of all substances (chemicals or biocides that kill or inactivate organisms in ballast water, flocculating agents, and/or neutralizing agents) manufactured by or associated with the use of the ballast water treatment system (e.g. hypochlorite, sodium bisulfate…). If no substances are used by the system, check "N/A" and move to Question 1c. Some systems may use multiple substances. Please list all of them.

Refer to the Material Safety Data Sheets (MSDS) as necessary to answer this question. Additionally, indicate whether or not the MSDS is kept on board for each substance, if applicable.

- **Question 1c.** Check the appropriate box to indicate if the vessel maintains the ballast water treatment system manufacturer's technical guides, publications and/or manuals on board.

Question 2: Indicate the date (DD/MM/YYYY) when the ballast water treatment system installation received classification society approval for operation on the vessel.

Question 3: Please mark "yes" or "no" for each of the following:

- Was the ballast water treatment system installed during the regularly scheduled out of water dry docking of the vessel (For example - in conjunction with a dry docking scheduled for a classification society inspection or hull maintenance/repair)?
- Did the vessel require a special (non-routine) out of water dry docking that was scheduled exclusively for the installation of the ballast water treatment system?
- Was the ballast water treatment system installed without the need for out of water dry docking (For example - while the vessel was still in the water or while underway)?

Question 4: Since receiving classification society approval, has the ballast water treatment system been "significantly" modified or upgraded. For the purposes of this question, "significant" means a modification to the system:

- Which changes its volumetric capacity to treat ballast water by 15 percent or greater; or
- Which changes the mode of action of the treatment system; or
- Which is projected to prolong the life of the ballast water treatment system by 10 years or more; or
- Which results in a modification to the ballast water treatment system other than component replacement-in-kind.

If the answer is "Yes" to ANY of the bullets above, then check "Yes" and fill in information for date of upgrade and generally describe the nature and extent of the update/modification to the ballast water treatment system. (For example - Filtration unit was enlarged to handle 20% more capacity of incoming ballast water).

If the answer is "No" to ALL of the bullets above, check "No" and proceed to Question 5.

Question 5: Check the appropriate box to indicate whether or not the system has undergone any unscheduled or emergency maintenance since the system was commissioned.

- If "Yes" was selected, describe the most recent emergency or unscheduled maintenance event. What type of malfunction occurred? How was it addressed? Provide the date (or dates) of when this event occurred.
- If "No" was selected, proceed to Question 6.

Question 6: Check the appropriate box to indicate whether the vessel is in compliance with the requirement to maintain a ballast water treatment performance log on board. The ballast water treatment performance log may be maintained as part of the ballast water management log or as an independent document.

At a minimum, the ballast water treatment performance log must include:

- The dates, times, and locations of the starting and stopping of the system for the purpose of treating ballast water.
- Dates, time and descriptions of any system malfunctions, including problem resolution.
- Dates, times and locations of both scheduled and unscheduled maintenance of the system.
- All relevant measures of system performance recorded during system operation. For example - UV transmittance, residual chemical concentration.

Question 7: Check the appropriate box to indicate whether system performance (i.e. biological efficacy) is verified (either by the vessel, the system manufacturer or a third party organization) on a regular basis. The State of California does not require vessels to conduct system performance verification, however, regular performance testing will allow the vessel to ensure the system is working properly.

- If "Yes" was selected, check the appropriate box to indicate the frequency with which the performance/efficacy of the ballast water treatment system is verified. If the system is verified on a different schedule, check "Other" and describe that schedule.
- If system performance verification is not conducted, select "No."

California State Lands Commission
Ballast Water Treatment Supplemental Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010
ALL VESSELS MUST ALSO SUBMIT BALLAST WATER REPORTING FORM

IS THIS AN AMENDED REPORTING FORM? Yes ☐ No ☐

Vessel Information	**Voyage Information**
Vessel Name:	Arrival Port:
Official/IMO Number:	Arrival Date (DD/MM/YYYY):

Ballast Water Treatment

1. Did the treatment system experience any malfunction that affected the treatment of ballast water to be discharged at this arrival port?

   Yes ☐ , please provide the following information:

   Date of malfunction (DD/MM/YYYY): _____

   Explain the malfunction: _____

   If applicable, how was the situation resolved? _____

   No ☐

2. Ballast Water Treatment History. Provide information for all ballast tanks that will be discharged at arrival port. Enter additional tanks on page 2. One tank per line. If none, go to Question #3.

Tanks/ Holds	**BW Source**			**BW Discharge**			**BW Treatment**		
	Date (DD/MM/YY)	Port or Lat-Long	Volume (Units)	Date (DD/MM/YY)	Port or Lat-Long	Volume (Units)	Date of 1st treatment (DD/MM/YY)	Date 2nd treatment (if applicable) (DD/MM/YY)	Volume Ballast Treated (Units)
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O									

3. Responsible Officer's Name and Title: _____

Vessel IMO Number: _____

Tanks/ Holds	BW Source			BW Discharge			BW Treatment		
	Date (DD/MM/YY)	Port or Lat-Long	Volume (Units)	Date (DD/MM/YY)	Port or Lat-Long	Volume (Units)	Date of 1st treatment (DD/MM/YY)	Date 2nd treatment (if applicable) (DD/MM/YY)	Volume Ballast Treated (Units)
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3
			m3			m3			m3

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Supplemental Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010

Instructions for Completing Supplemental Reporting Form

REMINDER: ALL VESSELS MUST SUBMIT BALLAST WATER REPORTING FORM

BALLAST WATER TREATMENT SUPPLEMENTAL REPORTING FORM TO BE SUBMITTED
Upon departure from each port or place of call in California ONLY IF:

- **Ballast Water Was Treated; AND**
- **Ballast Water Was Discharged Into California Waters**

Vessels that have ballast water treatment systems and discharge treated ballast into California waters must also annually submit:
Ballast Water Treatment Annual Reporting Form
SUBMIT THE COMPLETED FORM(S) TO:

California State Lands Commission
Marine Facilities Division
200 Oceangate, Suite 900
Long Beach, CA 90802
FAX: 562-499-6444
Email: bwform@slc.ca.gov

Question 1: Check the appropriate box to indicate whether the vessel or the ballast water treatment system experienced any malfunction or unexpected situation (For example - UV bulbs burned out) that may have impacted the treatment of ballast water to be discharged at this arrival port.

- If Yes is selected, enter the date or dates (DD/MM/YYYY) when the problem occurred, describe the problem (malfunction) and how (if applicable) the situation was resolved.
- If No is selected, proceed to Question #2.

Question 2: Provide information about each ballast water tank that underwent treatment and was subsequently discharged into California waters during this port visit. Do not submit information on tanks that were not discharged into California waters.

TANK
Please list ***all tanks and holds*** that you have discharged into California waters. Follow each tank across the page listing all source(s), discharge and treatment events separately.

List each tank on a separate line. Use an additional page if necessary, being careful to include IMO number at the top of the second page (if necessary).

For tanks with multiple sources: List each source on a separate line.

BW SOURCE
Date: Report date of ballast water uptake (DD/MM/YY).

Port or latitude/longitude: Report location of ballast water uptake. ***No abbreviations for ports.***

Volume: Report total volume of ballast water uptake, ***with volume units.***

BW DISCHARGE

Date: Record date of ballast water discharge (DD/MM/YY).

Port or latitude/longitude: Report location of ballast water discharge. ***No abbreviations for ports.***

Volume: Report volume of ballast water discharged, ***with volume units.***

BW TREATMENT

Date of 1st treatment: Indicate the date (DD/MM/YY) when ballast water treatment was initiated for that tank. If treatment occurred over several days, list the day when treatment began.

Date of 2nd treatment: If applicable, provide the date (DD/MM/YY) when secondary ballast water treatment occurred. (For example - If ballast water was treated with UV both on uptake and discharge, put the date of treatment on uptake in the 1st column and the date of treatment on discharge in the 2nd column).

Volume: For each tank to be discharged, report total volume of ballast water treated by the ballast water treatment system, ***with volume units.***

Question 3: Enter the responsible officer's name and title.

Print Form

California State Lands Commission
Marine Invasive Species Program
Hull Husbandry Reporting Form
Public Resources Code – 71205(e) and 71205(f)
June 6, 2008
Part I: Reporting Form

Vessel Name:
Official / IMO Number:
Responsible Officer's Name and Title:
Date Submitted (**Day/Month/Year**):

Hull Husbandry Information

1. Since delivery, has this vessel ever been removed from the water for maintenance?
   Yes ☐ No ☐

   a. If Yes, enter the date and location of the most recent out-of-water maintenance:

Last date out of water (**Day/Month/Year**):	
Port or Position:	Country:

   b. If No, enter the delivery date and location where the vessel was built:

Delivery date (**Day/Month/Year**):	
Port or Position:	Country:

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the **out-of-water** maintenance or shipbuilding process listed above?

Yes, full coat applied ☐	
Yes, partial coat ☐ Date last full coat applied (**Day/Month/Year**)	
No coat applied ☐ Date last full coat applied (**Day/Month/Year**)	

3. For the most recent **full coat** application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific **sections** of the submerged portion of the vessel was it applied?

Manufacturer/Company:
Product Name:

Applied on **(Check all that apply)**: Hull Sides☐ Hull Bottom☐ Sea Chests☐
Sea Chest Gratings☐ Propeller☐ Rope Guard/Propeller Shaft☐
Previous Docking Blocks☐ Thrusters☐ Rudder☐ Bilge Keels☐

Manufacturer/Company:
Product Name:

Applied on **(Check all that apply)**: Hull Sides☐ Hull Bottom☐ Sea Chests☐
Sea Chest Gratings☐ Propeller☐ Rope Guard/Propeller Shaft☐
Previous Docking Blocks☐ Thrusters☐ Rudder☐ Bilge Keels☐

Official / IMO Number: _____

Manufacturer/Company:
Product Name:

Applied on **(Check all that apply)**: Hull Sides☐ Hull Bottom☐ Sea Chests☐
Sea Chest Gratings☐ Propeller☐ Rope Guard/Propeller Shaft☐
Previous Docking Blocks☐ Thrusters☐ Rudder☐ Bilge Keels☐

4. Were the sea chests inspected and/or cleaned during the **out-of-water** maintenance listed above? If no out-of-water maintenance since delivery, select Not Applicable. **Check all that apply**.

Yes, sea chests inspected☐ Yes, sea chests cleaned☐
No, sea chests not inspected or cleaned☐ Not Applicable☐

5. Are Marine Growth Protection Systems (MGPS) installed in the sea chests?

Yes☐ Manufacturer:	Model:
No☐	

6. Has the vessel undergone **in-water** cleaning to the submerged portions of the vessel since the last out-of-water maintenance period? Yes☐ No☐

a. If Yes, when and where did the vessel most recently undergo **in-water** cleaning (Do not include cleaning performed during out-of-water maintenance period)?

Date (**Day/Month/Year**):	
Port or Position:	Country:
Vendor providing cleaning service:	

Section(s) cleaned (**Check all that apply**):
Hull Sides☐ Hull Bottom☐ Propeller☐ Sea Chest Grating☐
Sea Chest☐ Bilge Keels☐ Rudder☐ Docking Blocks☐
Thrusters☐ Unknown☐

Cleaning method: Divers☐ Robotic☐ Both☐

7. Has the propeller been polished since the last **out-of-water** maintenance (including shipbuilding process) or **in-water** cleaning?

Yes☐ Date of propeller polishing (**Day/Month/Year**):
No☐

8. Are the anchor and anchor chains rinsed during retrieval? Yes☐ No☐

Voyage Information

9. List the following information for this vessel averaged over the last four months:

a. **Average** Voyage Speed (knots):
b. **Average** Port Residency Time (hours or days): **Hours** or **Days**

Official / IMO Number: _____

10. Since the hull was last cleaned (**out-of-water** or **in-water**), has the vessel visited:

a. Fresh water ports (Specific gravity of less than 1.005)?

Yes ☐	How many times?
No ☐	

b. Tropical ports (between 23.5° S and 23.5° N latitude)?

Yes ☐	How many times?
No ☐	

c. Panama Canal?

Yes ☐	How many times?
No ☐	

d. List the previous 10 ports visited by this vessel in the order they were visited (start with most recent). Note: If the vessel visits the same ports on a regular route, check here ☐ and list the route once (you do not have to use all 10 spaces if the route involves less than 10 ports; add more lines if regular route involves more than 10 ports). **List dates as (Day/Month/Year)**.

Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	
Port or Position:		Country:	
Arrival date:		Departure date:	

11. Since the **most recent** hull cleaning (out-of-water or in-water) or delivery, has the vessel spent 10 or more consecutive days in any single location (Do not include time out-of-water or during in-water cleaning).

No ☐ List the longest amount of time spent in a single location since the last hull cleaning:

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Yes ☐ List all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning.

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

Number of Days: ☐ Date of Arrival (Day/Month/Year): ☐
Port or Position: ☐ Country: ☐

California State Lands Commission
Marine Invasive Species Program
Hull Husbandry Reporting Form
Public Resources Code – 71205(e) and 71205(f)
June 6, 2008
Part II: Supplementary Instructions for Completing Reporting Form

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HULL HUSBANDRY REPORTING FORM TO BE SUBMITTED ANNUALLY WITHIN 60 DAYS OF RECEIVING A WRITTEN OR ELECTRONIC REQUEST FROM THE COMMISSION

SUBMIT THE COMPLETED FORM TO:

California State Lands Commission
Marine Facilities Division
200 Oceangate, Suite 900
Long Beach, CA 90802
FAX: 562-499-6444
Email: bwform@slc.ca.gov

Hull Husbandry Information

Question 1: Check the appropriate box to indicate whether, since delivery, the vessel has ever been removed from the water for maintenance.

- If Yes was selected, enter the date (Day/Month/Year) and location for the most recent **out-of-water** maintenance period (for example, if vessel was out of water for dry-dock from January 1-10, list January 10 as the last date out of water).
- If No was selected, enter the vessel's delivery date (Day/Month/Year) and the location where the vessel was built.

Question 2: Check the appropriate box to indicate whether the vessel's hull was coated with an anti-fouling treatment/coating during the out-of-water maintenance period or shipbuilding process described in Question 1.

- If "Yes, full coat applied" was selected, move on to Question 3.
- If "Yes, partial coat" was selected, list completion date (Day/Month/Year) of most recent full coat application of an anti-fouling treatment/coating.
- If "No coat applied" was selected, list completion date (Day/Month/Year) of most recent full coat application of an anti-fouling treatment/coating.

Question 3: For the most recent full coat application of anti-fouling treatment/coating, list the manufacturer(s)/company(ies) and product names of the treatment(s)/coating(s) and check the box next to the specific section(s) of the submerged portions of the vessel where each treatment was applied (check all sections that apply). List information for each anti-fouling treatment/coating if more than one was applied. Attach additional pages if necessary.

Question 4: Check the appropriate box to indicate whether the sea chest(s) were inspected and/or cleaned during the most recent out-of-water maintenance period

described in Question 1. If no out-of-water maintenance since delivery, check Not Applicable.

Question 5: Marine Growth Protection Systems (MGPS) are systems installed in the sea chests to prevent the accumulation of fouling organisms within the sea chests and associated seawater circulation networks. Check the appropriate box to indicate if a Marine Growth Protection System is installed in the sea chest(s).

- If Yes was selected, list the Manufacturer and Model.

Question 6: Check the appropriate box to indicate if the vessel has undergone **in-water** cleaning on the submerged portions of the vessel since the last out-of-water maintenance period. **In-water** cleaning does not include cleaning carried out during out-of-water maintenance but does include cleaning carried out during the Underwater Inspection in Lieu of Dry-Docking (UWILD). For this question, out-of-water maintenance includes the shipbuilding process.

- If Yes was selected, answer Question 6a.
- If No was selected, move on to Question 7.

Question 6a: List date (Day/Month/Year) and location of most recent in-water cleaning (do not include cleaning performed during out-of-water maintenance period) as well as the vendor that conducted the in-water cleaning. Check the box next to the appropriate sections to indicate those sections of the vessel that were cleaned during the in-water cleaning described in Question 6. Indicate whether in-water cleaning was conducted by divers, a robotic system, or both.

Question 7: Check the appropriate box to indicate whether the propeller has been polished since the most recent out-of-water maintenance or in-water cleaning. For this question, **out-of-water** maintenance includes the shipbuilding process.

- If Yes was selected, list the date of the most recent propeller polishing.

Question 8: Check the appropriate box to indicate whether the anchor and anchor chains are rinsed during retrieval.

Voyage Information

Question 9a: Over the past four months, list the average speed (knots) at which this vessel has traveled.

Question 9b: Over the past four months, list the average length of time (either hours or days) that this vessel has spent in any given port.

Question 10a: Check the appropriate box to indicate whether this vessel has visited any freshwater ports (specific gravity of less than 1.005) since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If Yes is selected, list the number of times that this vessel visited freshwater ports since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 10b: Check the appropriate box to indicate whether this vessel has visited any tropical ports between latitudes 23.5° S and 23.5° N since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If Yes is selected, list the number of times that this vessel visited tropical ports since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 10c: Check the appropriate box to indicate whether this vessel has traversed the Panama Canal since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If Yes is selected, list the number of times that this vessel has traversed the Panama Canal since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 10d: Starting with the most recent port, list the last 10 ports visited by this vessel. Provide information on the port or place, country, and the dates of arrival and departure.

If this vessel follows a regular route, visiting the same ports routinely, place a check in the box provided and list the information for the most recently completed route. You do not have to use all ten spaces if the regular route involves less than 10 ports. Add more lines if the regular route involves more than ten ports.

List all dates as Day/Month/Year.

Question 11: Check the appropriate box to indicate whether this vessel has spent 10 or more consecutive days in any single location since the last time the hull was cleaned (either in-water or out of water) or since delivery if the hull has never been cleaned. Do not include time spent out-of-water or time spent during in-water cleaning.

- If No is selected, enter the information for the single longest amount of time this vessel has spent in a single location since the last hull cleaning or since delivery if the hull has never been cleaned.
- If Yes is selected, list all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning or since delivery if the hull has never been cleaned.

AUTHORITY: Sections 71201.7, 71204.6 and 71205(e), Public Resources Code.

REFERENCE: Sections 71204.6, 71205(e) and 71205(f), Public Resources Code.