

Year 2011 ACAPT ACCREDITATION APPLICATION

Rules and Procedures for Accreditation

1. ACAPT applications are accepted from both members and non-members of C-PORT.
2. If an exemption from any of the requirements of ACAPT is requested by the applicant, the exemption request must be made prior to having inspection and the Chairman of the Board of Directors will coordinate a review of the exemption and determine its appropriateness. The request for exemption must include a discussion of the item for which the exemption is requested, why that requirement cannot be met, what alternate equipment you have that will meet the requirement, and justification for allowing the exemption.
3. Applicant must complete all information items required on the application and return the forms and supporting documentation to C-PORT for consideration. C-PORT will review the application and notify applicant of approval or disapproval.
4. Applicant must submit copies of drug testing results and proof of enrollment in a drug testing program.
5. Applicant must request that a Certificate of Insurance be sent directly to C-PORT.
6. Applicant will arrange for inspection of the vessel by an ACAPT approved surveyor of the applicant's choice.
7. Inspector will submit the ACAPT Accreditation Inspection Form directly to C-PORT.
8. The Chairman of the Board of Directors of C-PORT will direct the review of the application. C-PORT will notify the applicant of approval or disapproval of the application.
9. If an application is denied, an appeal may be made to the C-PORT Board of Directors. A majority vote of the directors on allowing or not allowing an exemption to the ACAPT requirements will be final.

Application Directions For Applicant and Surveyor

The applicant **and** approved surveyor will read the directions and complete all sections providing signatures where necessary. All applicant information will be confirmed and certified as valid by a marine surveyor, unless otherwise indicated. The surveyor will be accredited with either SAMS or NAMS and on a list approved by both C-PORT and the applicant. If you request an exemption from any of the requirements listed below, you must submit a signed written statement of your reason for requesting that exemption prior to making your application. The request for exemption must include a discussion of the item for which the exemption is requested, why that requirement cannot be met, what alternate equipment you have that will meet the requirement, and justification for allowing the exemption.

ACAPT ACCREDITATION COMPANY INFORMATION

To Be Completed By Applicant Company

Company Contact Information:

Company Name: _____ Year Firm Started: _____
Owner/Operator: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____ Webpage: _____

Company Vessels

Vessel #1 Name _____ Make _____ Engine Type _____ Engine HP _____ Fuel _____ Size _____
Accreditation Tier Applying For Vessel: Utility Coastal Ocean

Vessel #2 Name _____ Make _____ Engine Type _____ Engine HP _____ Fuel _____ Size _____
Accreditation Tier Applying For Vessel: Utility Coastal Ocean

Vessel #3 Name _____ Make _____ Engine Type _____ Engine HP _____ Fuel _____ Size _____
Accreditation Tier Applying For Vessel: Utility Coastal Ocean

If additional vessels, please attach listing.

ACAPT ACCREDITATION COMPANY INFORMATION(continued)

Company Licensed Captains

Captain #1 Name: _____ License held* _____ Date Issued _____
Captain #2 Name: _____ License held* _____ Date Issued _____
Captain #3 Name: _____ License held* _____ Date Issued _____
Captain #4 Name: _____ License held* _____ Date Issued _____
Captain #5 Name: _____ License held* _____ Date Issued _____
Captain #6 Name: _____ License held* _____ Date Issued _____

*For example: Operators UPV w/towing endorsement, Masters, Inland Operators, etc.

If additional licensed Captains, please attach listing.

Company Towing Liability Insurance Policy

Insurance/Broker Company Name _____

Towing Liability Coverage Amount at least \$1,000,000 and Jones Act P&I Yes No

Cancellation Notification Clause provided to C-PORT: I certify that my insurance Broker was contacted and requested to mail a Certificate of Insurance with Cancellation Notification Clause directly to C-PORT on (date) _____.

Applicant must have their insurance provider submit a copy of towing liability insurance coverage to C-PORT, Optional coverages include: Shoreside Ops, Vehicle, Diving, & Incidental.

Random Drug Testing Program Administrator

Administrator Name: _____

Address/City/State/Zip: _____

Phone Number: _____ Fax: _____

Note: Administrator must have had program reviewed by the Coast Guard and found to be in compliance with 49 CFR part 40 and 46 CFR part 16. **Applicant must submit a copy of registration with drug testing program.**

Applicant's Chosen Inspector

The chosen surveyor MUST be an already ACAPT Approved Surveyor from the list provided.

Name and Company: _____

Address/City/State/Zip: _____

Phone Number: _____ Fax: _____

Inspector may not have a direct business relationship with the applicant.

I hereby certify the information above to be true: Applicant's Signature _____

ACAPT ACCREDITATION MANDATORY REQUIREMENTS

To Be Completed By ACAPT Approved Surveyor

MANDATORY ACAPT REQUIREMENTS FOR ALL VESSELS

Directions: Surveyor should initial next to each of the below requirements to certify that applicant's vessel meets the requirements. All vessels must meet the United States Coast Guard Safety Regulations. All insured vessels used in marine assistance operations must be accredited by C-PORT to meet one of the three tiers of standards. If a company has only one vessel, that vessel must, at a minimum, meet the requirements set forth under the **Coastal** category unless exempted by inland/river status.

U.S. Coast Guard Safety Equipment Required of All Vessels by Regulation:

- 1 Fuel tank installation ____
- 2 Backfire flame arrester [gasoline inboard engines only] ____
- 3 Engine compartment ventilation appropriate for engine type ____
- 4 Navigation lights ____
- 5 Sound producing device and/or bell ____
- 6 Fire extinguishers as required by regulations plus one 5# additional ____
- 7 Distress signals [at least 3 day/night flares, within expiration date] ____
- 8 Garbage disposal placard ____
- 9 Oil pollution placard ____

Other Requirements for ACAPT:

- 10 USCG Masters License with towing endorsement [masters >200t are exempt], copy aboard ____
- 11 Base station license, copy aboard ____
- 12 Vessel CG documentation [if >8m(26 feet)] unless exemption exists for vessel, copy aboard ____
- 13 Proof of Vessel State Registration ____

Company Service Standards(copies sent to C-PORT for verification):

- 14 All operators/crew enrolled in random drug testing program listed on Application ____
- 15 Towing liability insurance [\$1,000,000 and P&I minimum coverage] ____
- 16 24 hr response available during local boating season ____
- 17 Service price list established and publicly available ____
- 18 Backup vessel arrangement IF firm only has ONE vessel ____
- 19 Company has at least one year's experience in towing/salvage or search and rescue ____

Tiered Accreditation

In addition to the above requirements, each vessel must meet one of the "tiers" of standards below. If a company has a vessel that is 26 feet and does not need an **Ocean** accreditation, then they only need to meet standards for the **Coastal** accreditation. The standards listed below are the MINIMUM standards for each category. C-PORT encourages companies to go above and beyond the minimum standards. The details for each category are listed in the inspection checklist on the following pages in Part Three.

Utility/Relief -- Lowest level of ACAPT accreditation for small vessels traveling short distances carrying minimum equipment but above CG regulation. Back-up vessels and inland vessels will most often qualify for this tier.

Coastal --Middle level ACAPT accreditation for mid-size vessels but limited to a maximum response distance carrying a higher level of equipment. The majority of marine assistance vessels will be in this category unless the vessel handles long distance tows. **All primary vessels not used in inland waters must meet this tier.**

Ocean(all waters) -- Highest level of ACAPT accreditation for larger vessels but NOT limited to maximum response distance carrying the highest level of equipment. The vessels qualifying for this tier will have the accredi-

I hereby certify the information above to be true: Marine Surveyor's Printed Name _____

Marine Surveyor's Signature _____

ACAPT ACCREDITATION INITIAL INSPECTION

Utility/Relief Vessel Requirements

Name/Designation of Vessel: _____ Marine Assistance Firm: _____

Directions for SURVEYOR: Place a check mark on the **Yes** line to indicate that the vessel has the **MINIMUM** equipment required for consideration at the **Utility/Relief** vessel level. If, for any reason, a vessel does not pass the **Utility/Relief** level the firm should be asked to remedy the problem within 7 days. If they do not pass this inspection, they may reapply to be reinspected after the problem is remedied. If this is the only vessel used for marine assistance in this firm, then the **Coastal** vessel form on the next page **MUST** be used unless exempted by inland/river status by ACAPT Committee.

REQUIREMENTS FOR UTILITY/RELIEF VESSELS:

Operational Limits -- Does not go farther than 10 miles from nearest safe harbor

Minimum Crew -- One

	YES	NO
Boat Length -Minimum 15 feet	_____	_____
Power -Minimum 35 hp outboard	_____	_____
Crew PFD (<i>Recommended it be worn at all times</i>)-Type 3 or better	_____	_____
PFDs (<i>Type II or better to be carried on board</i>)-Two Adult	_____	_____
Lifesaving -Throwable device	_____	_____
Communications -One VHF	_____	_____
Depth Sounder	_____	_____
Tow Line -Minimum 100 feet of 7500 lb Break Floating	_____	_____
Tow Post (strength inspected)	_____	_____
De-watering Capacity -Any	_____	_____
Lighting -appropriate COLREGS lights	_____	_____
Tools -Knife to cut towline	_____	_____
-boat hook	_____	_____
-compass	_____	_____
-fenders or equivalent	_____	_____
Anchor	_____	_____
Jump Start	_____	_____

I hereby certify that this vessel meets all of the requirements for accreditation at the **Utility/Relief** level.

Signature of Marine Surveyor _____ Date: _____

ACAPT ACCREDITATION INITIAL INSPECTION

Coastal Vessel Requirements

Name/Designation of Vessel: _____ Marine Assistance Firm: _____

Directions for SURVEYOR: Place a check mark on the **Yes** line to indicate that the vessel has the **MINIMUM** equipment required for consideration at the **Coastal** vessel level. If, for any reason, a vessel does not pass the **Coastal** level the firm should be asked to remedy the problem. If it does not pass the inspection for this level, they may reapply to be reinspected after the problem is remedied. If this is the only vessel used for marine assistance in this firm, then these vessel standards **MUST** be met.

REQUIREMENTS FOR COASTAL VESSELS:

Operational Limits -- Does not go farther than 30 miles from nearest safe harbor

Minimum Crew -- One

	YES	NO
Boat Length -Minimum 21 feet	_____	_____
Power -Minimum 150hp gas or 90hp diesel	_____	_____
Crew PFD (<i>recommended it be worn at all times</i>)-Type 3 or better	_____	_____
PFDs (<i>Type II or better to be carried on board</i>)-Four Adult, Two Children	_____	_____
Lifesaving -One exposure suit recommended, but not required	_____	_____
Communications -Two VHF and alternate communication device	_____	_____
Depth Sounder	_____	_____
Tow Line -Minimum 300 feet of 10,000 lbs breaking strength/floating, 600 feet recommended	_____	_____
Tow Poststrength inspected)	_____	_____
De-watering Capacity -Minimum. 25gpm from any power source(<i>1,500gph</i>)	_____	_____
Lighting -appropriate COLREGS lights, 50,000 candle power spotlight	_____	_____
Tools -Knife to cut towline	_____	_____
-boat hook	_____	_____
-compass	_____	_____
-fenders or equivalent	_____	_____
-binoculars recommended	_____	_____
-tools to change own plugs, belts, filters	_____	_____
-jump start system	_____	_____
Anchor - and chain sized to vessel(<i>appropriate for area of response</i>)	_____	_____
Radar -required if over 26 feet	_____	_____
Loran or GPS	_____	_____
Loud Hailer recommended	_____	_____
Charts - Paper or electronic	_____	_____
Damage Control -Material for stuffing into and stopping leaks	_____	_____
Spares -Belts and filters for vessel	_____	_____
Red/Yellow Safety Lights (authorized to meet USCG requirements)	_____	_____

I hereby certify that this vessel meets all of the requirements for accreditation at the **Coastal** level.

Signature of Marine Surveyor _____

ACAPT ACCREDITATION INITIAL INSPECTION

Ocean(All Waters)Vessel Requirements

Name/Designation of Vessel: _____ Marine Assistance Firm: _____

Directions for SURVEYOR: Place a check mark on the **Yes** line to indicate that the vessel has the **MINIMUM** equipment required for consideration at the **Ocean** vessel level. If, for any reason, a vessel does not pass the **Ocean** level the firm should be asked to remedy the problem or apply for the **Coastal** standard. If they do not pass the inspection for this level, they may reapply to be reinspected for this category after the problem is remedied. Please circle the missing equipment in each category for easy reference and solution.

REQUIREMENTS FOR OCEAN(all waters) VESSELS:

Operational Limits -- Boat's endurance assuming proper crew

Minimum Crew -- Two when past 40 miles

	YES	NO
Boat Length -Minimum 26 feet	_____	_____
Power -Minimum 150 hp, twin outboards acceptable	_____	_____
Crew PFD	_____	_____
PFDs (Type II or better to be carried on board)-Six Adult, Two Children	_____	_____
Lifesaving -Two exposure suits recommended or Life Raft	_____	_____
Communications -Two VHF's, alternate communication device & SSB recommended when out of local VHF range	_____	_____
Depth Sounder	_____	_____
Radar & Reflector	_____	_____
Loran or GPS	_____	_____
Loud Hailer	_____	_____
ADF	_____	_____
EPIRB - 406 required	_____	_____
Charts - Paper required	_____	_____
Tow Line -Minimum 600 feet of 10,000 lbs breaking strength/floating	_____	_____
Tow Post	_____	_____
De-watering Capacity -Minimum. 100gpm from any power source(6,000gph)	_____	_____
Lighting -appropriate COLREGS lights, 50,000 candle power spotlight, deck lights & underwater flashlight	_____	_____
Tools(all of the following) -Knife to cut towline, boat hook, compass, binoculars, tools to change own plugs, belts, filters, jump start system, wrenches, pliers, screwdrivers and fenders or equivalent	_____	_____
Anchor - With chain sized to vessel (<i>Minimum. 125 feet rode</i>)	_____	_____
Damage Control -Material for stuffing into and stopping leaks	_____	_____
Spares -Belts and filters for vessel and 200 feet extra line	_____	_____
Red/Yellow Safety Lights (<i>authorized to meet USCG requirements</i>)	_____	_____
Drogue	_____	_____

I hereby certify that this vessel meets all of the requirements for accreditation at the **Ocean(all waters)** level.

Signature of Marine Surveyor _____

ACAPT ACCREDITED APPLICANT COMPANY STANDARDS
To Be Completed by Applicant Company

ACAPT PROFESSIONAL OPERATIONAL AND ETHICAL STANDARDS

1. Applicant company and representatives will conduct business practices in full compliance with all applicable federal and state laws and regulations.
2. Applicant company and representatives will not use deceptive or misleading statements relating to estimated time of arrival on scene.
3. Applicant company and representatives will not unlawfully transmit by radiotelephone for the purpose of disrupting or interfering with the radio telephone communications of others. Towing/salvage provider will not “key the mike” or “step” on transmissions of boaters or other providers. Towing/salvage provider will not intervene in communication between boaters and another towing company specifically contacted by the boater.
4. Applicant company and representatives will endeavor to communicate rates and any grounding surcharges prior to commencing work, and obtain customer’s signature on final invoice.
5. Applicant company and representatives shall not post-date invoices for towing or salvage services.
6. Applicant company and representatives shall not use advertising language and methods which are deceptive or misleading.
7. Applicant company and representatives shall conduct all business dealings with members of the public in a fair, consistent, professional, and ethical manner.
8. Applicant company and representatives will apply all standards and business practices without regard to a customer’s insurance coverage.
9. Applicant company and representatives shall use his or her best efforts to cooperate with all available resources to prevent damage or loss to life or property.

I hereby certify that my company subscribes to all of the above ethical and operational standards.

Signature of Applicant _____ Printed Name _____

FINAL CHECKLIST

1. Check that all signature lines and initial lines are completed.
2. Contact your insurance broker/agent to have a Certificate of Insurance with cancellation notification clause sent directly to C-PORT at 3640-B3 North Federal Highway #136, Lighthouse Point, FL 33064 or emailed to tcardone@cport.us
This cannot be sent from you directly.
3. Enclose copies of the following documents: 1) all current U.S.C.G. license(s) for captains listed on this application, 2) certificate of enrollment of captains and crew members in a random drug testing program.

Return this application with a check for \$35 per vessel (member of C-PORT) or \$60 per vessel (non-C-PORT member) made out to **C-PORT** and mail (no faxes):

C-PORT
3640-B3 North Federal Highway #136
Lighthouse Point, FL 33064

FOR STATUS OF YOUR APPLICATION OR QUESTIONS ON ACAPT EQUIPMENT OR STANDARDS
REQUIREMENTS, CALL C-PORT AT (954) 261-2012

www.cport.us -- E-mail: tcardone@cport.us