



Transient Moorage Registration

Administrative Use Only:	Date Rec'd: _____	Acct #: _____	ID #: _____
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Last Name: _____ First Name: _____ M.I.: _____

Primary Ph #: _____ Secondary Ph #: _____ Alternative Ph #: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Vessel Emergency Contact Name: _____ Emergency Ph #: _____

Driver's License #: _____ State: _____ Date of Birth: _____

Email: _____ **Would you like E-mailed Statements?** YES NO

Vessel Name: _____ Vessel Registration #: _____

Vessel Length*: _____ Vessel Width (beam): _____

***Include all overhangs** such as swim steps, outboard engines, davits and dinghies, bow sprits, and anchors

Do you have insurance? YES NO **If YES, please email a copy of your current vessel insurance to: harbor.admin@juneau.gov**

• I understand that the Uninsured Vessel Surcharge will be owed if I do not provide vessel insurance information at the time of payment and I wish to pay the *discounted* monthly, semi-annual, or annual rate.

• I understand that THE BASE MOORAGE RATE IS THE DAILY RATE. Monthly, semi-annual, annual, and annual skiff rates are discounts for prepayment, and as such, are due before the moorage period starts.

• I hereby request moorage privileges in the City & Borough of Juneau (CBJ) harbors for the above described vessel.

• I agree to comply with all applicable provisions of the CBJ ordinances and regulations related to use of the harbors.

• I agree to pay moorage and other applicable harbor fees on time and understand that unpaid fees will become a lien against the vessel described.

• I hereby authorize the CBJ to move the vessel described in the event of an emergency, if I do not pay fees on time, or if I violate applicable harbor ordinances and regulations.

- I agree that I may be denied mooring privileges if I have failed to pay moorage fees on a vessel under my name with CBJ Municipal Harbors.
- I hold CBJ harmless against the loss or damage of the vessel described above or related gear, equipment, lines, articles or other personal property, resulting from the use of CBJ facilities or the mentioned movement of the vessel.
- I certify that the information I provided is true, complete and accurate.

Signature: _____ **Date:** _____

Signature and date are required. Please return your registration to your nearest harbor office or via email at harbor.admin@juneau.gov.