



SOCIETY OF ACCREDITED
MARINE SURVEYORS®



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Pre Survey Information

YACHT NAME: _____ HOME PORT: _____

Survey Certified For:

Name: _____ Phone: _____

Address: _____ City: _____

City, State, Zip: _____

Reason For Survey: _____

Yacht Owner:

Name: _____ Phone: _____

Address: _____ City: _____

City, State, Zip: _____

YEAR: _____ BUILDER: _____ MODEL: _____

Hull Identification Number (HIN): _____

USCG DOCUMENTATION #: _____

Currant Location: _____

LOA:	BEAM:	DRAFT:	DEPTH:	DISPLACEMENT:

ENGINES:	Model:	Serial Number:	Hours:
Port:			
Starboard:			
Generator:			
TRANSMISSIONS:			
Port:			
Starboard:			

Is the vessel to be Sea Trialed _____

If so do you require a Captain _____

Other information: