

**APPENDIX A – PERMIT AUTHORIZATION AND RECORD OF INSPECTION (PARI) FORM**

**Small Vessel General Permit (sVGP) Authorization and Record of Inspection (PARI) Form**

<b>I. Vessel Owner/Operator Information</b>				
Vessel Owner/Operator _____		Phone _____		
Address and Email Address: _____				
<b>II. Vessel Information</b>				
Vessel Name _____		Vessel Type _____		
Vessel Identifier _____ <input type="checkbox"/> Registered number/operating number <input type="checkbox"/> IMO number				
<b>III. Owner/Operator Acknowledgement</b>				
By signing this form, I acknowledge that I have read and am familiar with the sVGP and that I am implementing all permit requirements contained in the sVGP.				
<b>IV. Certification Information</b>				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
_____ (Signature and Date)				
<b>V. Quarterly Inspections by Year</b>				
<b>A. 2015</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2015 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>B. 2016</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2016 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>C. 2017</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2017 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>D. 2018</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2018 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>E. 2019</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2019 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				

Corrective Action Records for the sVGP

*If you need to take any corrective actions resulting from your quarterly visual inspections please record your findings on the next page*

Date	sVGP Requirement Affected	Description	Cause	Description of Corrective Action Performed or Scheduled

Please include additional pages as necessary.

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