



**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL ENFORCEMENT**



REQUEST FOR VESSEL INFORMATION

All Blanks Must Be Filled In

NAME: _____ **TITLE:** _____

AGENCY: _____ **CONTACT NO:** _____

REGISTRATION/DOCUMENTED NO: _____

REQUESTED INFORMATION: _____

REASON FOR REQUEST: _____

SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

VESSEL OWNER: _____

REGISTRTION STATUS: Current Last Registration Date _____

INFORMATION PROVIDED: _____

COMMENTS: _____

OFFICE PERSONNEL: _____ **DATE:** _____