

Becker County Sheriff Rental Watercraft Inspection Report

Date: _____ Name of Company: _____
 Owner: _____ Other contact person: _____
 Address: _____ Street Address _____ City _____ State _____ ZIP _____
 Phone: _____ Cell: _____ E-Mail: _____

1st Inspection Date: _____ 2nd Inspection Date: _____ 3rd Inspection Date: _____
Adm. Use Only
Adm. Use Only

Reg #	Type of W/C*	Length of W/C	Reg. Card or Name on W/C	Make of W/C	Max. Occup.	Pass	Fail
			Yes p No p				
			Yes p No p				
			Yes p No p				
			Yes p No p				
			Yes p No p				
			Yes p No p				
			Yes p No p				
			Yes p No p				

Life Jackets

Total Required: _____ Total Counted: _____

*C = Canoe; PWC = Personal Watercraft; P = Pontoon; O = Open Fishing Boat; R = Runabout; K = Kayak
 Do not write in shaded areas

