



Vessel Requirements Worksheet

We know your time is valuable, and hope that this worksheet will serve as a handy summary of your vessel needs. Our Boat Building Division is extremely versatile and can provide numerous configurations to suit your specific needs. Please fax this completed worksheet to us at 954-302-2040 for a prompt analysis and response. You may also scan and email it to: request@bobbekoffconsulting.com

Name: _____

Company: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please contact me by: email phone fax US mail

I would need the vessel(s): immediately/asap in _____ months not sure at this time

Do you operate on USCG regulated waers: yes no not sure

(Use the area to the right for any additional comments.)

Vessel Characteristics

Optimize seating for: max passengers max freight
 max comfort other (explain)→

Is ADA compliance required: yes no not sure

Passenger Capacity: 1 < < 20 < < 50 < < 100 < < 150

Boarding Style: bow-loading side-loading

Sun/Rain Protection: canvas & aluminum pipe
 fiberglass top clear Lexan w/frame no top not sure

Windows: sliding Lexan side curtains glass other →
 none

Climate Control: air cond. heat none

Convenience: head sink/galley 115VAC other →

List any limiting factors related to your route/service:

Length _____ Beam _____

Draft _____ Min. Passengers _____

Height above waterline _____

