

Electro Guard Inc.
 FAX: (530) 926-4221
Vessel Data Acquisition Form

Date: _____ Yard/Port Location: _____

Distributor / Dealer: _____ City, State
 (or Country) _____

Description of Vessel, U/W Hull and Structures

If Units of measure are the same throughout, indicate: English (Ft) Metric (m)
 Otherwise indicate Units of Measure for each item below

Hull dimensions at **Maximum Draft**:

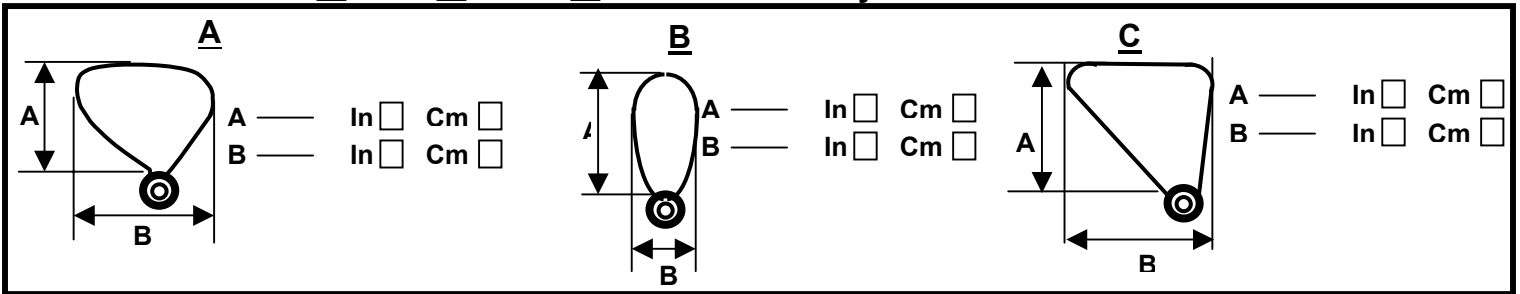
LOA _____ Ft M **LWL** _____ Ft M **Max Beam** _____ Ft M **W/L Beam** _____ Ft M
Fwd Draft _____ Ft M **Aft Draft** _____ Ft M **Hull Material:** F-Glass Wood
 Steel Aluminum Other Explain _____

Under Water **Hull Structure and Fittings:**

No. of Propellers _____ **Dia:** _____ In Cm **No. of Blades** _____

Propeller DAR #

Blade Profile: A B C Metal Alloy _____



Metal Alloy _____

Propeller Shafts: DIA: _____ In Cm Length **External:** _____ Feet M _____

Shaft Struts: No. per Shaft _____ Type and Dimensions for Each:

_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>	_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>	_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>	_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>
_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>	_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>	_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>	_____ Ht: _____ In <input type="checkbox"/> Cm <input type="checkbox"/> Type W: _____ In <input type="checkbox"/> Cm <input type="checkbox"/>

Rudders: No. Rudders _____ Height _____ In Cm Length: _____ In Cm

Alloy of Rudder(s) _____ Alloy of Rudder Shaft _____

External Heat Exchangers: (Keel Coolers)

No. of Heat Exchangers: _____

1. _____ Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
2. _____ Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
3. _____ Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
4. _____ Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>

Other Under Water Structures: (Keel Ballast, Sonar, Stabilizers, etc.)

No. of Structures: _____

1. _____ Name	_____	Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
2. _____ Name	_____	Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
3. _____ Name	_____	Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
4. _____ Name	_____	Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>
5. _____ Name	_____	Alloy Material	Lgth: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>	Width: _____	Feet <input type="checkbox"/> M <input type="checkbox"/>